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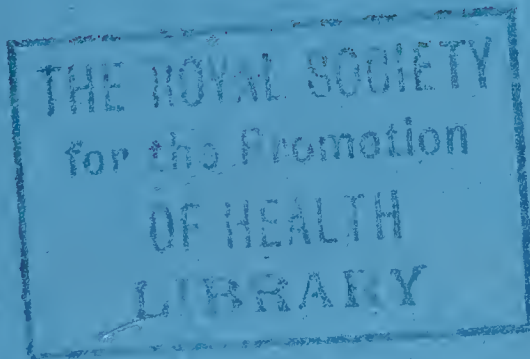
PROVINCE OF MANITOBA

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

FOR THE CALENDAR YEAR
1958

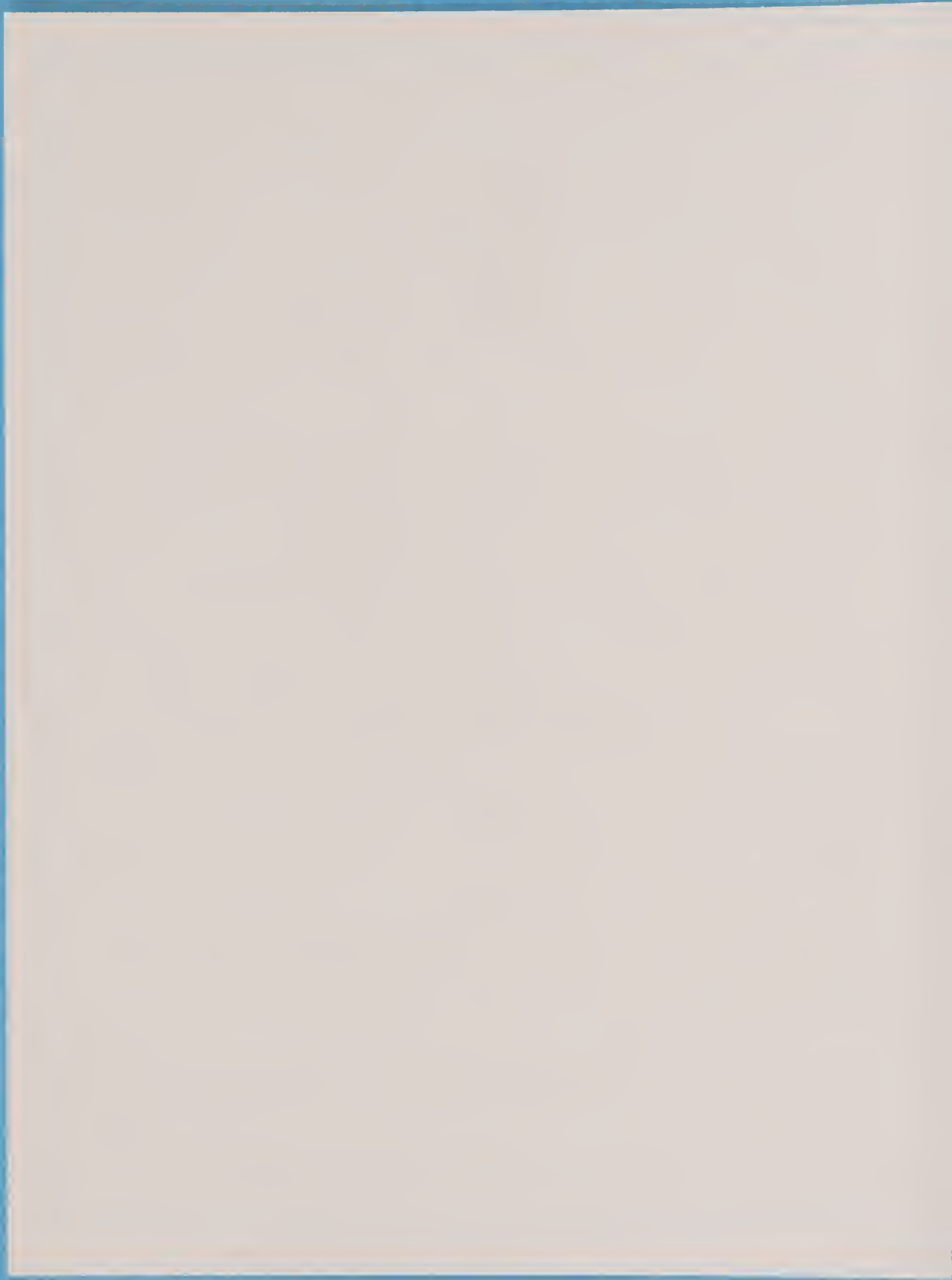
REPORT NUMBER 36



WINNIPEG, MANITOBA

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PROVINCE OF MANITOBA

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

ANNUAL REPORT

FOR THE CALENDAR YEAR

1958

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WINNIPEG, MANITOBA

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To His Honour,

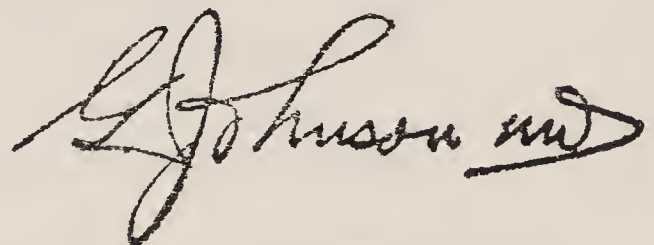
John S. McDiarmid,

Lieutenant-Governor of the Province of Manitoba.

May It Please Your Honour:

The undersigned has the honour to submit herewith the Annual Report of the Department of Health and Public Welfare of the Province of Manitoba for the calendar year 1958.

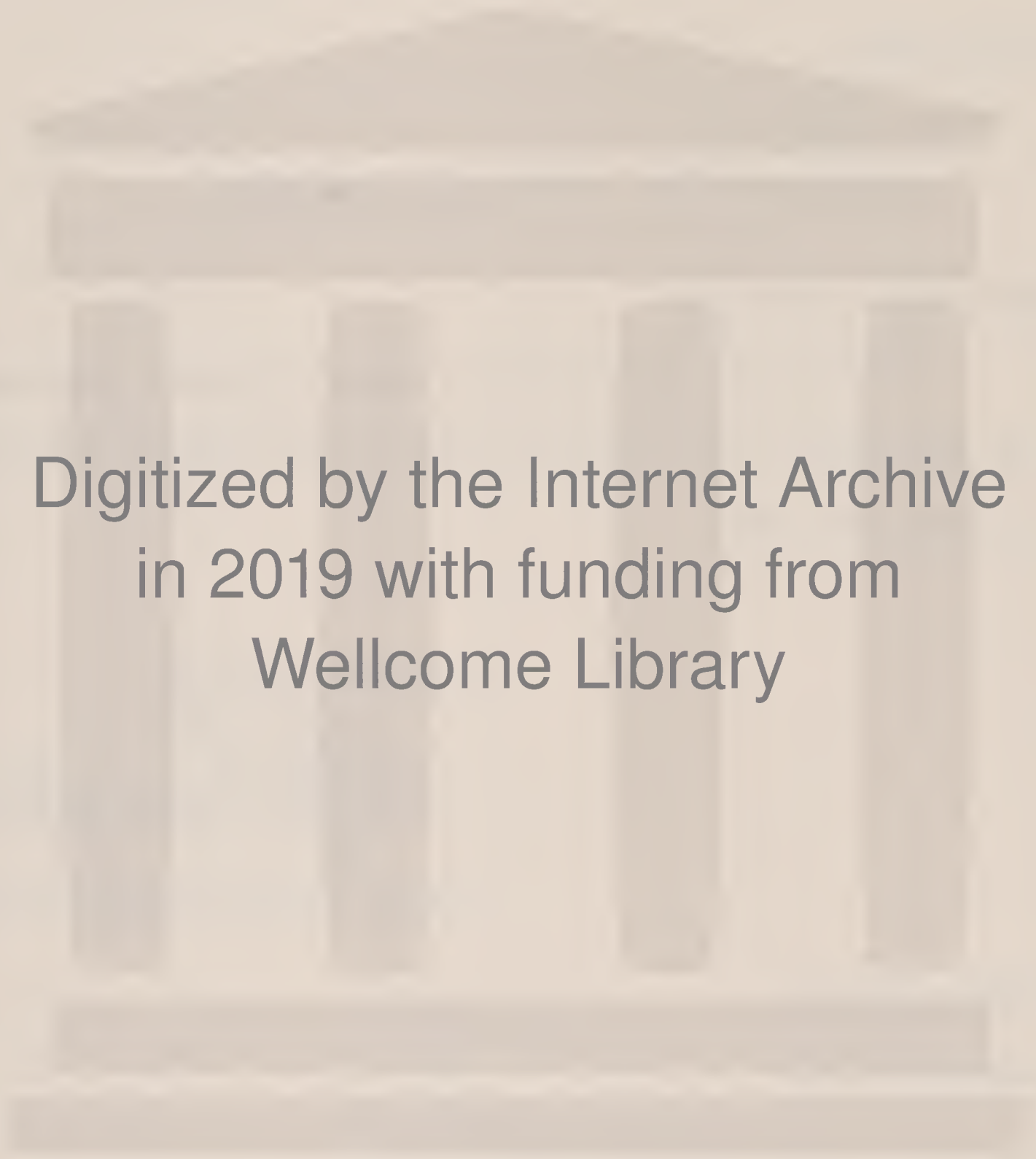
Respectfully submitted,

A handwritten signature in dark ink, appearing to read "G. Johnson" followed by a stylized flourish or "and".

Minister of Health and Public Welfare.

Winnipeg, Manitoba,

February 27, 1959.



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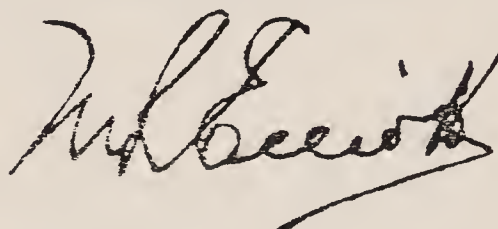
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The Honourable Doctor George Johnson,
Minister of Health and Public Welfare.

Sir:

We have the honour of presenting herewith the Annual Report of the
Department of Health and Public Welfare of the Province of Manitoba for the
calendar year 1958.

Your obedient servants,

A handwritten signature in dark ink, appearing to read 'W. L. ...', with a long horizontal stroke extending to the right.

Deputy Minister of Health.

Deputy Minister of Public Welfare.

Winnipeg, Manitoba,
February 27, 1959.

DEPARTMENT OF HEALTH
AND PUBLIC WELFARE

Annual Report, 1958
(Calendar Year)

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REPORT OF THE DEPARTMENT OF HEALTH AND PUBLIC WELFARE

Year ended December 31, 1958

The Honourable Dr. George Johnson,
Minister of Health and Public Welfare,
Winnipeg, Manitoba.

Sir:

The Deputy Minister of Health and Deputy Minister of Public Welfare join with all officials and directors of the Department of Health and Public Welfare in expressing appreciation of the splendid support and co-operation received from the many organizations and groups associating themselves with the various activities conducted in this department. Special reference is made to:

Associated Hospitals of Manitoba,
Board of Governors, University of Manitoba,
Canadian Welfare Council,
City of Winnipeg Health Department,
City of Winnipeg Public Welfare Department,
Children's Aid Societies of Manitoba,
Connaught Laboratories, Toronto,
Departments of Provincial Government,
Department of National Health and Welfare, Ottawa,
Dominion Council of Health,
Dominion Bureau of Statistics, Ottawa,
Family Bureau, City of Winnipeg,
Manitoba Pool Elevators,
Manitoba Medical Association,
Manitoba Sanitary Control Commission,
Manitoba Urban Association,
National Film Board,
School of Hygiene, University of Toronto,
Union of Manitoba Municipalities,
Welfare Council of Greater Winnipeg,
Winnipeg Public Library,
Women's Institutes in Manitoba, and
Many other volunteer groups associated with the various phases of Public Health and Welfare.

The Public Health and Welfare programs have derived very material benefits from the assistance and counsel received from all the above listed agencies. The success in the development of these programs is due also in a large measure to the co-operation and loyalty of each member and director within the whole department; and to the helpful counsel and leadership available at all times from our Minister, the Honourable Dr. George Johnson.

Our thanks are hereby recorded to all members and chairmen of advisory boards, committees and commissions functioning in an advisory capacity under the provisions of the several Acts administered by the Department of Health and Public Welfare.

The separate Annual Reports of the directors of the several branches of the following divisions of the Department of Health and Public Welfare are appended herewith and contain detailed information concerning the year's activities.

- (i) Division of General Administration: including administration of Federal Health Grants, Supervision of Collections, Vital Statistics and Records, Administrative Research, and Health and Welfare Education.
- (ii) Division of Health: including---
 - (a) Section of Environmental Sanitation with bureaux relating to Public Health Engineering and Sanitation, Food Control and Industrial Hygiene;
 - (b) Section of Preventive Medical Services, with bureaux relating to Disease Control and Central Tuberculosis Registry, Venereal Disease Control, and Maternal and Child Hygiene;
 - (c) Section of Extension Health Services, with bureaux relating to Laboratory and X-Ray Units, Local Health Services, Hospitalization and Dental Services;
 - (d) Section of Public Health Nursing Services; and
 - (e) Section of Provincial Bacteriological Laboratory Services;
- (iii) Division of Psychiatry: including Provincial Psychiatric Services, Farms' Management, administration of the Psychopathic Hospital, Winnipeg; the Hospitals for Mental Diseases at Brandon and Selkirk, and the Manitoba School for Mentally Defective Persons at Portage la Prairie;
- (iv) Division of Public Welfare: including---
 - (a) Section of Public Welfare Services involving administration, Child Welfare, Mothers' Allowances, Adoptions and services to unmarried mothers; Social Assistance; and Rehabilitation program for Mental Defectives;
 - (b) Section of Rehabilitation services to the disabled and handicapped persons;
 - (c) Section of Old Age Assistance; Blind Persons' Allowances; Disabled Persons' Allowances; and Elderly Persons' Housing.

Respectfully submitted,

M. R. ELLIOTT, M.D.,

Deputy Minister of Health.

K. O. MACKENZIE, B.S.W., Dip. S.W.,

Deputy Minister of Public Welfare.

NATIONAL HEALTH GRANTS PROGRAM

Executive Assistant - C. A. CAMERON

The report on the operation of the National Health Grants Program during the year ended December 31st, 1958, is submitted herewith.

This federally-financed program is supported by a series of twelve Federal grants-in-aid and was conceived as a device to assist the provinces in the development, improvement and extension of their health services and to promote a working partnership between the Federal Government and the provinces in the field of health.

Since its introduction on April 1st, 1948, Manitoba has made, and continues to make, extensive use of the funds provided, as evidenced by the fact that, in the year under review, we have committed for expenditure 95.9% of the \$3,065,757.00 made available to us.

The following table displays the twelve health fields for which the grants-in-aid are made and details the distribution of the Federal allotments and our commitments among those fields:

Health Field (Grant)	Federal Allotments April 1st, 1958 to March 31st, 1959	Project Submission as at December 31st, 1958 (Commitments)
Crippled Children	\$ 28,738.00	\$ 28,738.00
Professional Training	38,738.00	36,186.80
Hospital Construction	1,128,885.00	1,099,750.15
Veneral Disease Control	28,738.00	28,738.00
Mental Health	376,935.00	344,693.80
Tuberculosis Control	224,368.00	211,800.00
Public Health Research	34,053.00	34,053.00
General Public Health	535,000.00	532,767.85
Cancer Control	186,595.00	186,595.00
Laboratory and Radiological Services..	280,000.00	236,835.22
Medical Rehabilitation	56,458.00	56,458.00
Child and Maternal Health	147,249.00	145,647.90
	<u>\$ 3,065,757.00</u>	<u>\$ 2,942,263.72</u>

In general, these grants are contributing to the extension of local health services in both rural and urban areas; the training and employment of many categories of health workers; the expansion and renovation of existing hospital buildings and the erection of new ones; the control of tuberculosis, venereal and other communicable diseases; the development of improved cancer treatment and diagnostic facilities, of laboratories for the diagnosis of disease and of medical rehabilitation services to restore patients to the maximum degree of health and productivity; the treatment of crippling conditions in children; the extension of services to prevent and treat mental illness; the improvement of care given to mothers and their children; and the promotion of research in public health.

The following outline indicates briefly the specific projects financed by the grant-allotments made to us:

Crippled Children's Grant: Our entire allotment is committed to the Society for Crippled Children and Adults of Manitoba to provide diagnostic clinics, transportation for children attending the Cerebral Palsy Treatment Centre, prosthetic equipment, and supplies and other services as required by crippled children, particularly in outlying areas.

Professional Training Grant: Provided for the training of the following public health and hospital personnel:

<u>Trainees</u>	<u>Insti- tutes</u>	<u>Short Courses</u>	<u>Extension Courses</u>	<u>Com- pleted</u>	<u>On Course Dec.31/58</u>
Physicians	-	-	-	1	2
Dentists	1	-	-	-	-
Nurses	-	2	-	6	11
Sanitary Inspectors	-	34	-	-	-
Physiotherapists	-	-	-	2	2
Speech & Hearing Therapists ...	-	-	-	1	1
Medical Record Librarians	-	-	1	-	-
Hospital Administrators	192	-	9	-	-
	193	36	10	10	16

Assistance for other trainees was also provided under certain of the other Grants as noted hereafter:

Hospital Construction Grant: This grant provides for the expansion and renovation of existing hospital buildings and the erection of new ones. Under the terms and conditions governing the Grant the province is obliged to make a contribution in an amount equal, at least, to that made by the Federal Government. Commitments were made against our allotment for the fiscal year 1958/59 for payment of grants to the following hospitals:

<u>New Projects</u>	<u>Continuing from Previous Years</u>
Grace	Misericordia
Souris	Manitoba School for Mentally Defective
Concordia	Persons, Portage la Prairie.
St. Boniface	Winnipeg General
Wawanesa	Rosburn
Flin Flon	Treherne
Psychopathic	
Neepawa	
Winkler	

Venereal Disease Control: A "matching" grant assists in extending our program of education, case finding, early diagnosis, contact tracing, treatment and follow-up procedures.

Mental Health Grant: Used to promote those programs most likely to lead to improvement in treatment services provided for the care of the mentally ill. Assistance was provided for the following purposes:

- (1) Payment of salaries of additional staff and purchase of equipment and supplies for the following hospitals and clinics:

Psychopathic Hospital, Winnipeg

Manitoba School for Mentally Defective Persons, Portage la Prairie

Child Guidance Clinic, Suburban Winnipeg and Contiguous Areas

Brandon Hospital for Mental Diseases

Selkirk Hospital for Mental Diseases

Psychiatric Out-Patient Departments at:- Children's Hospital, Winnipeg;
St. Boniface Hospital; Winnipeg General Hospital.

(2) Assistance in the maintenance of a Post-graduate Psychiatric Training Program by contributing toward the salary paid by the Medical College of the University of Manitoba to a professor of Psychiatry, the purchase of text-books, the payment of honoraria to visiting lecturers with their travelling expenses and the salary of a secretary.

(3) Training of Mental Health Personnel:

(a) Courses extending for a full academic year:

	<u>Training Completed</u>	<u>Still on Course</u>
Physicians	-	4
Nurses	1	-
Psychologists	1	2
Psychiatric Social Workers	-	1
	<u>2</u>	<u>7</u>

(b) Short courses or institutes varying in length from a few days to several weeks:

Teachers	2
Psychologists	<u>2</u>
	<u>4</u>

(4) Research:

(a) Study of the free amino acids of cerebrospinal fluid in schizophrenia;

(b) Follow-up study on 260 cases of pre-frontal leucotomy;

(c) Determination of the field distributions and electrical axes of abnormal EEG patterns in mentally ill persons;

(d) Cohort follow-up studies of discharged patients, Brandon Hospital for Mental Diseases;

(e) A pilot study of the natural history of sociopathic personality disorders; and

(f) A study of methods of evaluation and mechanisms of action of ataractic drugs.

(5) A grant of \$1,500.00 to assist the Canadian Mental Health Association in their program of rehabilitation and education.

Tuberculosis Control Grant: Used by the Sanatorium Board of Manitoba in developing and extending their program of rehabilitation, prevention, control and staff training. Projects have been approved for the under-noted purposes:

(1) Payment of salaries of additional staff and purchase of equipment, supplies and materials for:

- (a) St. Boniface Sanatorium; and
 - (b) Manitoba Sanatorium, Ninette.
- (2) Salary and travelling expenses of physician in charge of preventive and diagnostic clinics and of a supervising dietitian;
- (3) Extension of the following programs:
- (a) B.C.G. Vaccination;
 - (b) Case finding in industry;
 - (c) Case finding in the more sparsely settled areas of the province;
 - (d) Rehabilitation;
- (4) Purchase of streptomycin and other antibiotics useful in the treatment of tuberculosis;
- (5) Provision of free pneumothorax treatment for patients who are unable to attend clinics;
- (6) X-raying of the chests of all patients admitted to general hospitals;
- (7) Financing of the final year of post-graduate training in Thoracic Surgery for Dr. A. H. Povah, Medical Superintendent of the Brandon Sanatorium.

Public Health Research: The following studies were financed:

- (1) Study of rural sewage disposal systems;
- (2) Study of intrauterine, natal and neonatal deaths;
- (3) An investigation of the 'phage types of staphylococci associated with cattle mastitis;
- (4) Determination of factors influencing the multiplication of viruses in human amnion tissue culture;
- (5) A study of the factors having a bearing on tissue culture susceptibility to virus infection with particular reference to the virus of infectious hepatitis;
- (6) Investigation of perinatal, viral and bacterial infections; and
- (7) Self-contained liquid flush-toilets.

Note: Research also was conducted under the Mental Health, General Public Health and Child and Maternal Health Grants.

General Public Health Grant: Used to strengthen or improve existing programs and to extend services in various fields not covered by specific grants. Funds have been allotted for the following purposes:

- (1) Salaries of additional staff and the purchase of equipment and supplies for the following Departmental Bureaux:
 - (a) Public Health Laboratory Services at Dauphin;
 - (b) Hospitalization (to June 30th, 1958, only);
 - (c) Health and Welfare Education;
 - (d) Environmental Sanitation; and
 - (e) Local Health Units;

- (2) Travelling expenses for a nurse in the Grahamdale Nursing District;
- (3) Salaries and travelling expenses of additional staff for the City of Winnipeg Health Department;
- (4) Purchase of equipment for use in the homes of poliomyelitis patients who have been discharged from hospital;
- (5) Payment of fees and travelling expenses of consultants employed by the Canadian Arthritis and Rheumatism Society for their program in rural Manitoba;
- (6) Payment of one-half of the cost of our purchase of the following:
- (a) Asian Influenza vaccine; and
 - (b) Poliomyelitis vaccine;
- (7) Payment of staff salaries and travelling expenses, purchase of equipment and supplies to support the following programs:
- (a) Glaucoma Clinic, Winnipeg General Hospital;
 - (b) Poison Control Centre, Children's Hospital; and
 - (c) Home Care Medical Program, Winnipeg General Hospital;
- (8) Purchase of equipment necessary for the research activities being performed by the University of Manitoba on cardio-respiratory diseases;
- (9) Research:
- (a) Effects of anticoagulants and antilipemic agents on serum lipids and lipoprotein in patients with Athero-sclerosis;
 - (b) An investigation of auto-immunization in thyroid diseases; and
 - (c) The re-establishment of effective cardiac action after controlled arrest; and
- (10) Training:
- (a) Courses extending for a full academic year:

	<u>Training Completed</u>	<u>Still on Course</u>
Nurses	9	14
Sanitary Inspectors .	7	-
	<u>16</u>	<u>14</u>

(b) Institutes:

Health Educators	2
Sanitary Inspectors	62
Nurses	<u>175</u>
	<u>239</u>

Cancer Control Grant: Cancer control in Manitoba is vested with the Cancer Treatment and Research Foundation and the entire Federal allotment plus an equal or greater contribution from the province is used for the implementation of the Foundation's program.

Laboratory and Radiological Services Grant: Assists in developing more extensive X-ray and other diagnostic services and in improving laboratory services as an aid to the physician. Our allotment has been committed as follows:

- (1) Payment of salaries of two additional staff members and purchase of equipment for our Dauphin Laboratory and X-ray Unit;
- (2) Payment of salaries and travelling expenses of the staff, purchase of supplies and equipment and rental of office space for our Virden, Selkirk, Neepawa and Portage Laboratory and X-ray Units;
- (3) Payment of part of the salaries and all of the travelling expenses of our consultant radiologists;
- (4) Payment of the salary and travelling expenses of our assistant chief X-ray technician;
- (5) Payment of salaries and purchase of equipment and supplies required for the virus diagnostic services performed by the University of Manitoba's Department of Bacteriology and Immunology;
- (6) Purchase of equipment for the Winnipeg General and Grace Hospitals;
- (7) Payment of salaries of additional instructors required by the St. Boniface Hospital and our Brandon Laboratory for their expanded training program for Laboratory Technicians; and
- (8) Training: (a) Courses extending for a full academic year:

<u>Trainees</u>	<u>Completed</u>	<u>Still on Course</u>
Pathologists	1	2
Radiologists	1	—
Technician	8	33
	<u>10</u>	<u>35</u>

- (b) Two senior technicians, one from the Winnipeg General Hospital and one from the St. Boniface Hospital, are presently undergoing training in Cytology in United States centres. One course will extend for two months and the other for six;

Medical Rehabilitation Grant: This grant is providing for purchase of equipment and employment of additional staff to further the development of better facilities for the rehabilitation of the disabled. For details please refer to the report on Rehabilitation Services.

Child and Maternal Health Grant: Used for research, training of personnel, employment of additional staff and purchase of equipment for improving facilities and services for children and expectant mothers. Approval was given to the following projects:

- (1) Assisting in the organization of pre-natal classes through payment of stipends to the instructors and the purchase of equipment and teaching aids;
- (2) Purchase of formula refrigerators, sterilizers, bottle warmers, incubators, aspirators, etcetra, for hospitals. Total cost was close to \$50,000.00;

(3) Maintaining a registry of Winnipeg school children who have defects such as epilepsy, diabetes, heart disease, hearing loss or visual defects. This involves paying for specialist opinion and investigation in medically-indigent cases;

(4) Payment from April 1st., to June 30th, of salaries and expenses of a Medical Social Worker and a Secretary engaged at the Children's Hospital in follow-up work on children with long term handicapping illnesses. Financing was assumed by the Manitoba Hospital Services Plan from July 1st, 1958.

(5) Employment of a director and three transfusion officers to provide a co-ordinated and uniform transfusion service to babies suffering from haemolytic diseases of the newborn;

(6) Dental Clinics:

(a) Payment of salaries and expenses of seven staff members of this department who engage in preventive dentistry in rural Manitoba and the purchase of equipment and supplies used by them in the clinics;

(b) Purchase of equipment for the new clinic established in Fort Garry by the Kiwanis Club; and

(c) Purchase of equipment for the two children's clinics established by the City of Winnipeg in the William Whyte School and the School Board offices;

(7) Training:

(a) A ten-day Institute on Pre-Natal Education was attended by thirty-six registered nurses; and

(b) Defrayed costs of a program of post-graduate training in Pediatrics for rural physicians; and

(8) Financed Cerebral Palsy research and follow-up studies of pre-mature infants.

Graduate and Post-Graduate Training:

In addition to the training grants provided under the National Health Grants Program, the Department of Health and Public Welfare for the Province of Manitoba also provided Bursaries from provincial funds for the following:

Medical Students: Nineteen students received scholarships averaging \$447.00 each;

Dental Students: Twenty-three students received bursaries averaging \$870.00 each;

Social Workers: Five students received bursaries ranging from \$250.00 to \$2,500.00;

University of Manitoba School of Nursing: A grant of \$5,000.00 was made to assist in the operation of the School.

ADMINISTRATIVE RESEARCH

Supervisor - E. J. MACKAY

Submitted herewith is a brief report of the activities for the Calendar Year 1958.

Personnel: A large portion of the work program concerns the maintaining of staff records for the whole Department of Health and Public Welfare. January 1, 1958 the total establishment consisted of 1484 positions while at December 31 it had increased to 1681 established positions and 268 provisional positions operating on a full-time basis. This increase in personnel requirements was due to:

I. Established Positions:

			<u>New Positions</u>
(a) Introduction of the 42-hour week in the three institutions at April 1st, 1958 and the 40-hour week at December 1st, 1958:-			
	<u>42-hour week</u>	<u>40-hour week</u>	
Brandon Hospital for Mental Diseases.....	25	21	
Selkirk Hospital for Mental Diseases	25	13	
Manitoba School for Mentally Defective Persons	<u>22</u>	<u>22</u>	
	72	56	128
(b) The Female Infirmary Unit with 177 beds was opened at the Manitoba School in 1957 when a number of provisional positions were authorized. These were ratified for Establishment on August 1, 1958.....			
			50
(c) Extension of services to:-			
Laboratory and X-Ray units -	2		
Accounting - Public Welfare -	2		
Bureau of Food Control -	<u>1</u>		5
(d) Initial introduction of Manitoba Hospital Services Plan	....		<u>14</u>
Total newly established positions	.....		<u>197</u>

II. Provisional Positions:

(a) The fuller implementation of the Manitoba Hospital Services Plan which became effective July 1, 1958 is still in a state of program development which means a fluctuating of staff requirements. It is expected Establishment will not be ratified until a final survey of staff requirements has been made next year. At December 31, 1958 there were operating as provisional full-time positions			181
(b) Opening of Atkinson Wing for boys at The Manitoba School required the authorization of provisional positions to be set up			10
(c) Increased work program in: Public Welfare and Pension			
	Services		34
	Public Health Services		24
	Psychiatric Services		19

Retirements: During the year there were eleven members of staff officially retired from the service. However due to the nature of the work and shortage of qualified personnel, or on compassionate grounds, in eight cases their services were extended for a period of six months or one year. These included:

<u>Employee</u>	<u>Position Occupied</u>	<u>Section of Department</u>	<u>Official Retirement Date</u>	<u>Date provisional service terminates</u>
Schultz, Dr. Stuart	Medical Superintendent	Brandon Hospital for Mental Diseases	June 30/58	June 30/59
Tennant, E. P.	Clerk III	Psychopathic Hosp.	June 30/58	Dec. 31/58
McMurray, M. B.	Departmental Attorney II	Public Welfare	June 30/58	June 30/59
Ross, N. A.	Social Welfare Worker	Public Welfare	Feb. 28/58	Feb. 28/59
Clarke, H.	Clerk Steno II	Public Welfare	Feb. 28/58	August 31/58
Clark, J. P.	Attendant IV	Brandon Hospital for Mental Diseases	Feb. 28/58	Feb. 28/59
Gwatkin, M. B.	Occ. Therapy Instructor II	Psychopathic Hosp.	Dec. 31/58	Dec. 31/59
Shaw, M. M.	Nurse Aid	Brandon Hospital for Mental Diseases	Feb. 28/58	Feb. 28/59
Morley, A.	Attendant II	Brandon Hospital for Mental Diseases	Sept. 30/58	-
Armstrong, A.	Public Health Nurse II	Public Health Nursing Services	March 31/58	-
Bull, F. D.	Admin. Officer I	The Manitoba School	Jan. 31/58	-

Death: There was one death reported and it is with sincere regret we record the sudden passing of Doctor Cramond C. Wright on November 14, 1958. Doctor Wright was a highly respected and valuable member of the staff of this department and was held in esteem by his friends and all those associated with him as Medical Director of the Dauphin Local Health Unit and Laboratory and X-Ray Unit.

Accidents: Thirty-eight accidents were sustained by employees while on duty. These were distributed throughout the department as follows:

Division of Psychiatry:

Brandon Hospital for Mental Diseases	6
Selkirk Hospital for Mental Diseases	19
Manitoba School for Mentally Defective Persons	5

Division of Health:

Provincial Laboratory	2
Public Health Nursing Services	2
Extension Health Services	2
Vital Statistics	1

Division of Public Welfare:

Pensions Branch	1
-----------------	---

The following table indicates the present distribution of the 1681 established positions as at December 31, 1958:

ESTABLISHMENT AND POSITIONS OCCUPIED AS AT DECEMBER 31, 1958:-

	<u>Provincial</u>			<u>Federal Health Projects</u>		
	<u>Estab.</u>	<u>Empl'd.</u>	<u>Vacant</u>	<u>Estab.</u>	<u>Empl'd.</u>	<u>Vacant</u>
General Administration	87	82	5	1	-	1
<u>Health:</u>						
Health and Extension Health						
Services	113	103	10	64	62	2
Preventive Medical Services	36	32	4	-	-	-
Environmental Sanitation	18	18	-	9	9	-
Provincial Laboratories	<u>27</u>	<u>24</u>	<u>3</u>	<u>6</u>	<u>5</u>	<u>1</u>
Health -- Total.....	194	177	17	79	76	3
<u>Welfare:</u>						
Welfare Services	96	92	4	-	-	-
Assistance and Allowances Board	<u>26</u>	<u>24</u>	<u>2</u>	<u>-</u>	<u>-</u>	<u>-</u>
Welfare -- Total	122	116	6	-	-	-
Manitoba Hospital Services Plan:	14	14	-	-	-	-
<u>Psychiatry:</u>						
Psychopathic Hospital	13	13	-	3	3	-
Brandon	433	403	30	13	13	-
Selkirk.....	339	323	16	24	24	-
Portage.....	<u>305</u>	<u>249</u>	<u>56</u>	<u>54</u>	<u>48</u>	<u>6</u>
Psychiatry -- Total.....	1090	988	102	94	88	6

SUMMARY

	<u>Health and Welfare Services</u>	<u>Psychiatry</u>	<u>Total</u>
Establishment supported by Provincial			
Funds	417	1090	1507
Establishment supported by Federal			
Health Grants	<u>80</u>	<u>94</u>	<u>174</u>
Total Establishment	<u>497</u>	<u>1184</u>	<u>1681</u>
Total Employees at December 31, 1958....	704	1105	1809
Total Vacancies at December 31, 1958	108	32	140
(established positions)			
Hirings during year	929		
Separations during year	756		

General

The Health Services Act:

(a) Preparation of 12 Recommendations-to-Council was required relating to local health units; laboratory and x-ray units; hospital districts; and membership to the Advisory Commission.

(b) Recording of Minutes of four regular meetings of the Advisory Commission and preparation of all correspondence relating thereto.

Legislation: An Office Consolidation of The Health Services Act and Regulations thereunder was assembled for printing.

Annual Report: The whole Annual Report of the Department of Health and Public Welfare was again edited, assembled for printing and distributed through a mailing list of over 600.

SUPERVISION OF COLLECTIONS

Supervisor - J. B. HAZELL

This office is responsible for the collection of maintenance accounts for:-

(a) patients housed in the three hospitals for care of mentally ill: Brandon and Selkirk Hospitals for Mental Diseases and the Psychopathic Hospital at Winnipeg, as well as for the population committed to the Manitoba School for Mentally Defective Persons at Portage la Prairie; and

(b) indigent patients whose general hospital accounts have been paid by the Province of Manitoba and who are residents of local government districts, unorganized territory, or are transients; and

(c) patients hospitalized in mental institutions:

(i) who are the sole responsibility of the Federal Government: Veterans with entitlement; Indians; Eskimos and Criminals; and

(ii) who as residents of Manitoba receive benefit of free minimal hospital services but are charged for other services as outlined hereinafter.

Neither the Dominion-Provincial Government Agreement or the Manitoba Hospital Services Plan made any provision for the care of the mentally ill. However, before the date the Plan became effective in Manitoba, pronouncements via radio and literature were released advising that participants in the Manitoba Hospital Services Plan would be eligible for ordinary maintenance in mental institutions without direct cost, but would be directly responsible for:

(i) Costs of transportation to and from the institution;

(ii) Actual cost of clothing provided from institutional stores;

(iii) Actual cost to institution for provision of extra-mural medical services such as dental procedures; and

(iv) Any personal comforts provided.

This arrangement for Manitoba residents admitted to mental institutions is exclusive of cases who are the sole responsibility of the Federal Government: Veterans with entitlement; Indians; Eskimos; Criminals.

At July 1st, 1958 the Manitoba Hospital Services Plan provided free minimal hospital accommodation for residents of Manitoba. However, immediately prior to the implementation of this Plan there were many thousands of hospital accounts outstanding which represented a potential recovery of several hundreds of thousands of dollars. Hundreds of liens were active in the several Registry Offices of the province which assured a satisfactory and ultimate settlement of the related accounts. It was decided that, in fairness to those taxpayers who had met their financial obligations respecting hospital care, the collection effort should be continued in respect to outstanding accounts owing at June 30, 1958.

In continuing the collection effort on arrears for hospitalization a tactful and sympathetic approach is always maintained: It being felt the peace and tranquility of a patient and his family must be a continuing primary concern. The ability and capacity of the responsible person continues to be the determining

Table I: BIRTHS (excluding Stillbirths), MARRIAGES AND DEATHS - MANITOBA 1958

With Rates per 1,000 Population

	* 1958		* 1957		* 1956	
	Number	Rate	Number	Rate	Number	Rate
<u>Live Births:-</u>						
White	20,648	24.9	21,292	25.7	21,012	25.3
Indian	1,275	60.8	1,272	60.6	1,168	55.7
All	21,923	25.8	22,564	26.5	22,180	26.1
<u>Marriages:-</u>						
White	6,300	7.6	6,494	7.8	6,592	8.0
Indian (on Reserves)	130	6.2	101	4.8	117	5.6
All	6,430	7.6	6,595	7.8	6,709	7.9
<u>Deaths:-</u>						
White	6,905	8.3	7,072	8.5	6,782	8.2
Indian	285	13.6	323	15.4	310	14.8
All	7,190	8.5	7,395	8.7	7,092	8.3

* - Vital Statistics final figures

1956 Final Census Population Figures:

White 829,063

Indian 20,977

850,040

Indian population figures
from Indian Affairs
Branch, Winnipeg.

Table II: DEATHS IN MANITOBA BY AGE, SEX, AND RACE

(The total at each age group compared with 1957 and 1956.)

	White		Indian		All	All	All
	M.	F.	M.	F.	1958	1957	1956
Under 1 year	300	227	78	66	671	725	690
1 - 4 years	59	36	10	13	118	115	114
5 - 14 years	42	29	5	2	78	74	87
15 - 24 years	71	29	2	5	107	139	127
25 - 44 years	250	144	8	11	413	415	415
45 - 64 years	881	492	12	8	1,393	1,445	1,388
65 - 79 years	1,706	1,086	20	11	2,823	2,860	2,736
80 years & over	809	744	20	14	1,587	1,622	1,535
Not stated	-	-	-	-	-	-	-
Totals	4,118	2,787	155	130	7,190	7,395	7,092

Deaths From Certain Causes

In the table of deaths from certain causes, diseases of the heart ranked first. Cancer (Malignant Neoplasms) was the second ranking cause of death in 1958. "Cancer" is a general term used to designate all malignant growths and includes carcinoma and sarcoma.

Vascular lesions affecting the central nervous system ranked third. Accidents ranked fourth and the pneumonias ranked fifth. Hypertensive disease ranked sixth and birth injuries (postnatal asphyxia and atelectasis) seventh. Arteriosclerosis ranked eighth and congenital malformations ranked ninth while diabetes mellitus ranked tenth.

<u>Table III:</u>	<u>Live Births</u>		<u>Deaths</u>		<u>Stillbirths</u>	
	1958	1957	1958	1957	1958	1957
White	20,375	21,059	6,847	7,015	279	278
Half-Breed	273	233	58	57	9	5
Non-Treaty Indian	194	196	29	51	1	2
Treaty Indian	1,081	1,076	256	272	25	15
All	21,923	22,564	7,190	7,395	314	300

Table IV: ABBREVIATED LIST OF FIFTY CAUSES
Number of deaths and rates per 100,000 population Whites and Indians for Manitoba 1958

Abbreviated List	Detailed List Nos.	CAUSE GROUPS	Whites			Indians			Totals	
			(incl. Half-Breeds)							
			No.	Rate	No.	No.	Rate	No.	Rate	
		All Tuberculosis	(38)	(4.6)	(9)		(42.9)	(47)	(5.5)	
B 1	001-019									
	001-008	Tuberculosis of respiratory system.....	32	3.9	7		33.4	39	4.6	
B 2	010-019									
	010-019	Tuberculosis, other forms	6	0.7	2		9.5	8	0.9	
B 3	020-029									
	020-029	Syphilis and its sequelae	5	0.6	-		-	5	0.6	
B 4	040									
	040	Typhoid fever	1	0.1	-		-	1	0.1	
B 5	043									
	043	Cholera	-	-	-		-	-	-	
B 6	045-048									
	045-048	Dysentery, all forms.....	3	0.4	4		19.1	7	0.8	
B 7	050-051									
	050-051	Scarlet fever and streptococcal sore throat	-	-	-		-	-	-	
B 8	055									
	055	Diphtheria	2	0.2	-		-	2	0.2	
B 9	056									
	056	Whooping cough	1	0.1	1		4.8	2	0.2	
B 10	057									
	057	Meningococcal infections	7	0.8	-		-	7	0.8	
B 11	058									
	058	Plague.....	-	-	-		-	-	-	
B 12	030									
	030	Acute poliomyelitis	9	1.1	1		4.8	10	1.2	
B 13	084									
	084	Smallpox	-	-	-		-	-	-	
B 14	085									
	085	Measles	2	0.2	3		14.3	5	0.6	
B 15	100-108									
	100-108	Typhus and other rickettsial diseases	-	-	-		-	-	-	
B 16	110-117									
	110-117	Malaria	-	-	-		-	-	-	
B 17	030-039, 041, 042, 044-049, 052-054, 059-074, 081-083, 086-096, 120-138	All other diseases classified as infective parasitic ..	18	2.2	2		9.5	20	2.4	
B 18	140-205									
	140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	1, 178	142.1	14		66.7	1, 192	140.2	
	140-200, 202, 203, 205									
	(201)	Cancer, excluding Hodgkin's Disease, leukaemia and aleukaemia	(1, 099)	(132.6)	(13)		(62.0)	(1, 112)	(130.8)	
	(204)	Hodgkin's disease	(19)	(2.3)	-		-	(19)	(2.2)	
B 19	210-239									
	210-239	Leukaemia and aleukaemia	(60)	(7.2)	(1)		(4.8)	(61)	(7.2)	
B 20	260									
	260	Benign and unspecified neoplasms	16	1.9	-		-	16	1.9	
B 21	290-293									
	290-293	Diabetes Mellitus	85	10.3	-		-	85	10.0	
B 22	330-334									
	330-334	Anaemias	15	1.8	-		-	15	1.8	
B 23	340									
	340	Vascular lesions affecting central nervous system	897	108.2	13		62.0	910	107.1	
B 24	400-402									
	400-402	Nonmeningococcal meningitis	4	0.5	4		19.1	8	0.9	
B 25	410-416									
	410-416	Rheumatic fever	-	-	1		4.8	1	0.1	
B 2b	420-422									
	420-422	Chronic rheumatic heart disease	76	9.2	1		4.8	77	9.1	
		Arteriosclerotic and degenerative heart disease ..	2, 033	245.2	16		76.3	2, 049	241.0	

Deaths From Certain Causes

In the table of deaths from certain causes, diseases of the heart ranked first. Cancer (Malignant Neoplasms) was the second ranking cause of death in 1958. "Cancer" is a general term used to designate all malignant growths and includes carcinoma and sarcoma.

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Table III:

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			(incl. Half-Breeds)							
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B 1	001-019	All Tuberculosis	(38)	(4.6)	(9)	(42.9)	(5.5)	(47)	(5.5)	
B 2	001-003	Tuberculosis of respiratory system	32	3.9	7	33.4	4.6	39	4.6	
B 3	010-019	Tuberculosis, other forms	6	0.7	2	9.5	0.9	8	0.9	
B 3	020-029	Syphilis and its sequelae	5	0.6	-	-	0.6	5	0.6	
B 4	040	Typhoid fever	1	0.1	-	-	0.1	1	0.1	
B 5	043	Cholera	-	-	-	-	-	-	-	
B 6	045-048	Dysentery, all forms	3	0.4	4	19.1	0.8	7	0.8	
B 7	050-051	Scarlet fever and streptococcal sore throat	-	-	-	-	-	-	-	
B 8	055	Diphtheria	2	0.2	-	-	-	-	-	
B 9	056	Whooping cough	1	0.1	1	4.8	0.2	2	0.2	
B 10	057	Meningococcal infections	7	0.8	-	-	0.2	2	0.2	
B 11	058	Plague	-	-	-	-	-	7	0.8	
B 12	030	Acute poliomyelitis	9	1.1	1	4.8	1.2	10	1.2	
B 13	084	Smallpox	-	-	-	-	-	-	-	
B 14	085	Measles	2	0.2	3	14.3	0.6	5	0.6	
B 15	100-108	Typhus and other rickettsial diseases	-	-	-	-	-	-	-	
B 16	110-117	Malaria	-	-	-	-	-	-	-	
B 17	030-039, 041, 042, 044-049, 052-054, 059-074, 081-083, 086-096, 120-138	All other diseases classified as infective parasitic	18	2.2	2	9.5	2.4	20	2.4	
B 18	140-205	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	1, 178	142.1	14	66.7	140.2	1, 192	140.2	
	140-200, 202, 203, 205	Cancer, excluding Hodgkin's Disease, leukaemia and aleukaemia	(1, 099)	(132.6)	(13)	(62.0)	(130.8)	(1, 112)	(130.8)	
	(201)	Hodgkin's disease	(19)	(2.3)	-	-	(2.2)	(19)	(2.2)	
	(204)	Leukaemia and aleukaemia	(60)	(7.2)	(1)	(4.8)	(7.2)	(61)	(7.2)	
B 19	210-239	Benign and unspecified neoplasms	16	1.9	-	-	1.9	16	1.9	
B 20	260	Diabetes Mellitus	85	10.3	-	-	10.0	85	10.0	
B 21	290-293	Anaemias	15	1.8	-	-	1.8	15	1.8	
B 22	330-334	Vascular lesions affecting central nervous system	897	108.2	13	62.0	107.1	910	107.1	
B 23	340	Nonmeningococcal meningitis	4	0.5	4	19.1	0.9	8	0.9	
B 24	400-402	Rheumatic fever	-	-	1	4.8	0.1	1	0.1	
B 25	410-416	Chronic rheumatic heart disease	76	9.2	1	4.8	9.1	77	9.1	
B 26	420-422	Arteriosclerotic and degenerative heart disease	2, 033	245.2	16	76.3	241.0	2, 049	241.0	

B 27	430-434	Other diseases of the heart	114	13.8	3	14.3	117	13.8
B 28	440-443	Hypertension with heart disease	178	21.5	2	9.5	180	21.2
B 29	444-447	Hypertension without mention of heart	47	5.7	-	-	47	5.5
	(450)	Arteriosclerosis	(121)	(14.6)	(3)	(14.3)	(124)	(14.6)
B 30	430-483	Influenza	22	2.7	3	14.3	25	2.9
B 31	490-493	Pneumonia	272	32.8	64	305.1	336	39.5
B 32	500-502	Bronchitis	49	5.9	2	9.5	51	6.0
B 33	540-541	Ulcer of stomach and duodenum	49	5.9	-	-	49	5.8
B 34	550-553	Appendicitis	13	1.6	-	-	13	1.5
B 35	560-561, 570	Intestinal obstruction and hernia	62	7.5	1	4.8	63	7.4
B 36	543, 571-572	Gastritis, duodenitis, enteritis and colitis except diarrhoea of the newborn	48	5.8	35	166.8	83	9.8
B 37	581	Cirrhosis of liver	37	4.5	-	-	37	4.4
B 38	590-594	Nephritis and nephrosis	53	6.4	1	4.8	54	6.4
B 39	610	Hyperplasia of prostate	36	4.3	-	-	36	4.2
B 40	640-652, 660, 670-689	Complications of pregnancy, childbirth and the puerperium	8	1.0	6	28.6	14	1.6
B 41	750-759	Congenital malformations	113	13.6	8	38.1	121	14.2
B 42	760-762	Birth injuries, postnatal asphyxia and atelectasis	132	15.9	6	28.6	138	16.2
B 43	763-768	Infections of the newborn	40	4.8	11	52.4	51	6.0
B 44	769-776	Other diseases peculiar to early infancy and immaturity unqualified	134	16.2	11	52.4	145	17.1
B 45	780-795	Senility without mention of psychosis, ill-defined and unknown causes	54	6.5	14	66.7	68	8.0
B 46	Residual	All other diseases	591	71.3	25	119.2	616	72.5
"E" Code	Alternative Classification of Accidents, Poisonings and Violence (External Causes)							
BE 47	E810-E835	Motor vehicle accidents	136	16.4	2	9.5	138	16.2
BE 48	E800-E802, E840-E962	All other accidents	247	29.8	17	81.0	264	31.2
BE 49	E963, E970-E979	Suicide and self-inflicted injury	79	9.5	4	19.1	83	9.8
BE 50	E980-99, E964-E965	Homicide and operations of war	1	0.1	1	4.8	2	0.2
"N" Code	Alternative Classification of Accidents, Poisonings and Violence (Nature of Injury)							
BN 47	N800-N829, N850-N869	Fractures, head injuries and internal injuries ...	278	33.5	7	33.4	285	33.5
BN 48	N940-N949	Burns	16	1.9	-	-	16	1.9
BN 49	N960-N979	Effects of poisons	42	5.1	-	-	42	4.9
BN 50	N830-N848, N870- N936, N950-N959, N980-N999	All other injuries	124	15.0	17	81.0	141	16.6

Table V: DEATHS BY CHILDREN UNDER ONE YEAR OF AGE MANITOBA -
1958 BY AGE AND CAUSE

	Under 15 Days	15-28 Days	Over 28 Days	Under 1 Yr.
<u>WHITES:</u>				
Influenza (480-483), Bronchitis (500-502)				
and Pneumonia (490-493, and 763)	21	7	60	88
Gastro-enteritis (Under 1 Yr.) (571.0 and 764)..	5	2	23	30
Other communicable diseases (001-138)	1	-	10	11
Congenital malformations of the circulatory system (754)	20	4	16	40
Other congenital malformations (750-3, 755-9) .	25	6	14	45
Injury at birth (760-1)	70	-	1	71
Immaturity (774-776)	55	1	1	57
Accidents (E800-E962)	1	-	11	12
Other diseases	140	4	24	168
Ill-defined and unknown (795)	3	-	2	5
Totals	341	24	162	527
<u>INDIANS:</u>				
Influenza (480-483), Bronchitis (500-502)				
and Pneumonia (490-493, and 763)	5	3	50	58
Gastro-enteritis (Under 1 Yr.) 571.0 and 764) .	2	-	30	32
Other communicable diseases (001-138)	-	1	7	8
Congenital malformations of the circulatory system (754)	1	-	2	3
Other congenital malformations (750-3, 755-9) .	2	-	3	5
Injury at birth (760-1)	2	-	-	2
Immaturity (774-776)	4	-	1	5
Accidents (E800-E962)	-	-	1	1
Other diseases	11	1	13	25
Ill-defined and unknown (795)	2	-	3	5
Totals	29	5	110	144
White and Indian Totals	370	29	272	671

Table VI: INFANT MORTALITY

Rate per 1,000 Live Births - Manitoba 1939-1958

1939	55	1946	47	1953	35
1940	51	1947	46	1954	29
1941	53	1948	41	1955	31
1942	51	1949	41	1956	31
1943	55	1950	35	1957	32
1944	49	1951	33	1958	31
1945	48	1952	31		

For purposes of statistical analysis, stillbirths are not included with live births and, therefore, do not enter in the calculations of "Infant Mortality".

Table VII: CAUSES OF MATERNAL DEATHS - MANITOBA 1958

	Whites and Half-Breeds	Indians	All
Pyelitis and pyelonephritis of pregnancy (640)	-	-	-
Other infections of genito-urinary tract during pregnancy (641)	-	-	-
Toxaemias of pregnancy (642)	3	1	4
Placenta praevia (642)	-	1	1
Other haemorrhage of pregnancy (644)	-	-	-
Ectopic pregnancy (645)	-	-	-
Pregnancy with malposition of foetus in uterus (647)	-	-	-
Other complications arising from pregnancy (648)	-	-	-
Pregnancy associated with other conditions (649)	-	-	-
Abortion (650-652)	-	-	-
Delivery without complication (660)	-	-	-
Delivery with specified complications (670-678)	1	4	5
Complications of the puerperium (680-689)	4	-	4
Totals	8	6	14
Number per 1,000 Live Births ..	0.4	4.7	0.6

Maternal wastage is usually measured by the ratio of deaths from puerperal causes to every 1,000 children born alive each year. The maternal death rate in Manitoba for the year 1958 is 0.6.

Table VIII: - DEATHS DUE TO DISEASES OF THE CIRCULATORY SYSTEM - MANITOBA 1958

	Under 45	45-64	65-79	80 and Over	Male	Female	All
<u>WHITES:</u>							
Rheumatic fever (400-402)	-	-	-	-	-	-	-
Chronic rheumatic heart disease (410-416) ..	16	31	22	7	42	34	76
Arteriosclerotic and degenerative heart disease (420-422)	57	451	1,025	500	1,320	713	2,033
Other diseases of heart (430-434)	9	23	39	43	62	52	114
Hypertensive disease (440-447)	6	35	109	75	120	105	225
Diseases of arteries (450-456)	8	13	57	98	98	78	176
Diseases of veins and other diseases of circulatory system (460-468)	2	11	23	12	22	26	48
Associated Conditions:	37	149	515	314	509	506	1,015
Vascular lesions affecting central nervous system (330-334)	22	119	460	296	444	453	897
Chronic nephritis (592)	8	7	10	8	18	15	33
Diabetes mellitus (260)	7	23	45	10	47	38	85
Total Whites	135	713	1,790	1,049	2,173	1,514	3,687
<u>INDIANS:</u>							
Rheumatic fever (400-402)	-	1	-	-	1	-	1
Chronic rheumatic heart disease (410-416) ..	1	-	-	-	-	1	1
Arteriosclerotic and degenerative heart disease (420-422)	-	3	8	5	8	8	16
Other diseases of heart (430-434)	-	1	2	-	1	2	3
Hypertensive disease (440-447)	-	-	1	1	2	-	2
Diseases of arteries (450-456)	-	-	2	2	2	2	4
Diseases of veins and other diseases of circulatory system (460-468)	-	-	1	-	-	1	1
Associated Conditions:	1	3	2	8	5	9	14
Vascular lesions affecting central nervous system (330-334)	1	2	2	8	5	8	13
Chronic nephritis (592)	-	1	-	-	-	1	1
Total Indians	2	8	16	16	19	23	42
Totals	137	721	1,806	1,065	2,192	1,537	3,729

Table IX: - DEATHS DUE TO MALIGNANT NEOPLASMS SHOWING MAIN SITES -
MANITOBA 1958

	Under 45 - 65 and			Male	Female	All
	45	64	Over			
Buccal cavity and pharynx (140-148)	-	6	9	9	6	15
Digestive organs and peritoneum (150-159)	16	137	315	281	187	468
Respiratory system (160-165)	3	57	117	148	29	177
Breast (170)-	25	36	38	2	97	99
Uterus (171-174)	9	21	17	-	47	47
Female genital organs (175-176)	7	20	9	-	36	36
Male genital organs (177-179)	3	8	51	62	-	62
Urinary organs (180-181)	2	17	45	48	16	64
Skin (190-191)	-	5	4	6	3	9
Eye (192)	1	2	1	1	3	4
Brain (193)	15	12	6	18	15	33
Others (194-199)	11	12	31	28	26	54
Neoplasms of lymphatic and haemato- poietic tissues (200-205)	34	38	52	73	51	124
Totals	126	371	695	676	516	1,192

Table X: - DEATHS FROM MALIGNANT NEOPLASMS ACCORDING TO AREA OF
RESIDENCE - MANITOBA 1958

	Male	Female	All
Brandon	12	9	21
Portage la Prairie	12	8	20
St. Boniface	22	24	46
Winnipeg	269	209	478
St. James	12	19	31
East Kildonan	12	15	27
Towns and Villages (1,000 plus population)	70	44	114
Urban Municipalities	32	29	61
Rural Municipalities	133	135	318
Local Government Districts	27	9	36
Unorganized Territory	3	1	4
Indian Reserves	6	3	9
Outside Manitoba	16	11	27
Totals	676	516	1,192

Table XI: - DEATHS FROM TUBERCULOSIS - MANITOBA 1958
Among Whites, Half-Breeds, and Indians by Age, Sex and Type

	Under 25		25 - 64		65 and Over		
	Male	Female	Male	Female	Male	Female	All
<u>WHITES:</u>							
Respiratory (001-008)	3	-	9	3	14	3	32
Other (010-019)	-	1	2	2	-	1	6
<u>HALF-BREEDS:</u>							
Respiratory (001-008)	-	-	-	-	-	-	-
Other (010-019)	-	-	-	-	-	-	-
<u>INDIANS:</u>							
Respiratory (001-008)	1	1	2	1	1	1	7
Other (010-019)	-	1	1	-	-	-	2
Totals	4	3	14	6	15	5	47

Table XII:- DEATHS FROM TUBERCULOSIS - MANITOBA 1958
According to Area of Residence

	Male	Female	All
Brandon	-	1	1
Portage la Prairie	-	-	-
St. Boniface	1	1	2
Winnipeg	14	5	19
St. James	1	-	1
East Kildonan	-	-	-
Towns and Villages (1,000 plus population)	-	-	-
Urban Municipalities	2	1	3
Rural Municipalities	8	-	8
Local Government Districts	1	-	1
Unorganized Territory	2	1	3
Indian Reserves	2	3	5
Outside Manitoba	2	2	4
Totals	33	14	47

Table XIII: - NUMBER OF DEATHS DUE TO MOTOR VEHICLE ACCIDENTS AND
OTHER ACCIDENTS - MANITOBA 1950 - 1958

YEAR	Motor Vehicle Accidents	Other Accidents	Total Accidents
1950	75	267	342
1951	102	268	370
1952	111	272	383
1953	111	269	380
1954	132	296	428
1955	104	295	399
1956	159	266	425
1957	150	292	442
1958	138	264	402

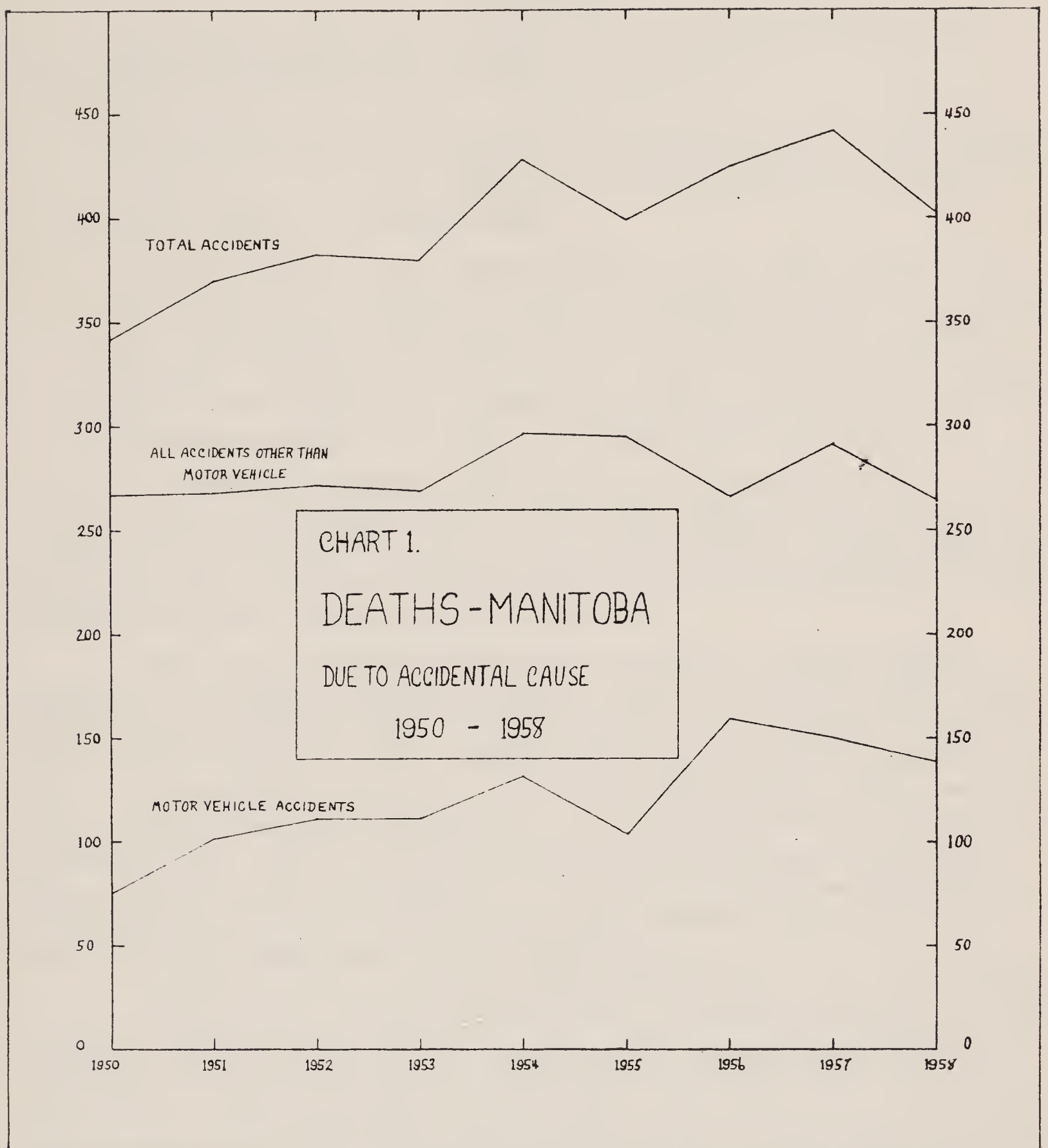
All figures Vital Statistics final figures.
See Chart appended to this report. (Page 39)

Table XIV: REVENUE FROM CERTIFICATES ISSUED BY
DIVISION OF VITAL STATISTICS - 1954 to 1958 inclusive

Sources of Revenue	1954	1955	1956	1957	1958
Birth Certificates	\$ 19, 147.00	\$ 20, 296.25	\$ 23, 242.50	\$ 23, 825.00	\$ 22, 110.75
Death Certificates	1, 689.00	1, 705.50	1, 682.25	1, 745.25	1, 963.50
Marriage Certificates	2, 267.25	2, 409.00	2, 739.75	2, 921.25	2, 311.50
Paid Searches Made	14, 275.00	14, 810.25	16, 221.75	16, 740.00	16, 311.75
Marriage Licences	20, 874.00	21, 292.00	21, 347.00	21, 958.00	20, 537.00
Special Authorizations	715.00	835.00	885.00	925.00	980.00
Late Registrations	1, 353.00	1, 131.00	1, 162.00	1, 120.00	1, 106.00
Corrections of Records	987.00	954.00	1, 071.00	1, 121.00	1, 144.00
Legitimations	80.00	50.00	41.00	92.00	74.00
Adoptions	444.00	474.00	482.00	552.00	515.00
Miscellaneous	5, 323.62	5, 938.93	5, 552.36	5, 901.03	5, 854.26
Totals	67, 154.87	69, 895.93	74, 426.61	76, 900.53	72, 907.76

Table XV: REVENUE FROM CERTIFICATES ISSUED
BY DIVISION OF VITAL STATISTICS - 1958

Sources of Revenue	Number Issued	Amount of Revenue
Birth Certificates	29, 481	\$ 22, 110.75
Death Certificates	2, 618	1, 963.50
Marriage Certificates	3, 082	2, 311.50
Paid Searches	32, 623	16, 311.75
Marriage Licences	4, 943	20, 405.00
Special Authorizations	196	980.00
Late Registrations	1, 106	1, 106.00
Corrections of Records	1, 144	1, 144.00
Legitimations	74	74.00
Adoptions Registered	515	515.00
Certified Copies and Photostats	1, 122	1, 652.00
Dispensation of Banns	33	132.00
Miscellaneous	-	4, 202.26
Total		\$ 72, 907.76



HEALTH AND WELFARE EDUCATION

Director - RALPH E. WENDEBORN, B.Paed. M.P. H.

The Annual Report of the Bureau of Health and Welfare Education for the year ending December 31, 1958, is submitted herewith.

Introduction

The Bureau of Health and Welfare Education is organized to function within a philosophy that has two main terms of reference:

(1) that effective and lasting solutions to health and welfare problems and improvements in community living are possible only when the community recognizes and accepts responsibility for such problems, and has a desire to improve community living.

(2) that members of the health department have as their primary objective in nearly all programs the task of educating the public to an awareness of these needs; to provide leadership and stimulation in creating a desire to do something about these needs; to provide technical knowledge and services as required, to assist in community organization; to marshal the necessary resources; and to co-ordinate these total efforts.

It will be seen therefore that all members of the department function in the role of public health educators. It is the responsibility of this bureau to assist staff with their educational endeavours, to help plan and evaluate public education programs, to survey community needs, to provide the necessary teaching tools and techniques, and instruction in their use.

Since private physicians and dentists, teachers, voluntary agencies, etcetera, are recognized resources working within the community both directly and through the Health and Public Welfare Department, services of the bureau also are made available to them. The bureau maintains a close liaison with the City of Winnipeg Health Department, University Departments, training institutions and other Government departments, to co-ordinate their work with that of our department. Through a process of de-centralization these services have been provided as much as possible at the local level, with the central office developing general policies and patterns, making available resources and equipment and co-ordinating efforts on a provincial basis.

It will be noted, in comparison with earlier reports, that an increasing number of activities are related to working with our own department staff, agency and group leaders in the areas of in-service education, program planning and evaluation, and the co-ordination of public health education efforts throughout the province. Most direct associations with the public are in the nature of demonstration projects or in areas where organized health services do not exist. We do, however, continue to assume responsibility for public health education through mass media channels.

We are encouraged by the progress made toward our objective of having all staff members of the Department of Health and Public Welfare assume increasing health education responsibilities. The role of the bureau is to provide the necessary materials, assistance, and technical guidance in organization and education methods.

Education

(1) Community Groups: Home and School Associations, Women's Institutes, Service Clubs, Chambers of Commerce, Church Groups, Boy Scouts and Girl Guides, 4-H Clubs, and other lay groups.

The bureau staff directly and through other public health personnel work with these individuals and groups, in strengthening their community health education projects. Assistance is provided in planning programs, provision of materials, and organization of health projects generally. Liaison is maintained with provincial executives of these organizations, and institutes are provided for program directors and other executive members on program organization, utilization of materials, education methods and health department resources.

(2) Professional and Related Groups:

(a) Private doctors and dentists: This group constitutes, through their constant contact with people, an important medium for health education. The bureau has co-operated with the Bureau of Dental Services in providing to the Manitoba Dental Association, materials for patient education. Full co-operation is offered in planning and carrying out Children's Dental Health Week. Many private dentists seek assistance with their own community education programs.

Similar assistance is provided to private physicians and part-time medical health officers in carrying out patient and community health projects. The bureau co-operated this year with a polio immunization program for adults. Lectures are given to medical students in health education.

(b) Hospitals: The bureau provides films, audio-visual equipment, literature and posters, which are used by schools of nursing for instruction and by hospitals for prenatal and postnatal teaching. Materials also are supplied for general distribution to patients. Visits of nurses-in-training to the Division of Health are arranged by the bureau. Full co-operation was offered in selecting materials for an Institute conducted by the Manitoba Association of Hospitals on "Housekeeping Methods".

(c) Voluntary Agencies: The bureau distributes, for nearly all voluntary agencies, films and literature relating to their respective programs. The director works closely with provincial executives of these agencies, while field health educators work with these agencies at the local level. The consultation of our professional staff and use of the art, information and nutrition sections are available for their use.

Most activities relate to joint development of educational programs, production and distribution of materials, selection of audio-visual aids, assistance in the formation of local chapters and general publicity programs. Agencies with which we have worked in the past year include: Manitoba Division, Canadian Cancer Society; Manitoba Division "Share", Canadian Mental Health Association; Manitoba Heart Foundation; Manitoba Division, Canadian Red Cross Society; Welfare Council of Greater Winnipeg; Age and Opportunity Bureau; Sanatorium Board of Manitoba; Society for Crippled Children and Adults of Manitoba; Alcoholism Foundation of Manitoba; Manitoba Division, Canadian Arthritis and Rheumatism Society; Volunteer Bureau; Association for Retarded Children in Manitoba; Canadian National Institute for the Blind; Manitoba Division, Canadian

Diabetic Association; Manitoba Chapter, Multiple Sclerosis Society of Canada; John Howard and Elizabeth Fry Society.

(d) Schools: The department regards teachers as colleagues in the field of health education. In many areas they are the only people who can give leadership in health and welfare problems. The bureau therefore works very closely with teachers and inspectors. Materials and consultation are offered to all schools in the province on request.

(e) Industry: A larger number of industrial concerns have used our materials for distribution to their employees. Most requests have been related to first aid, accident prevention and general health.

(3) Other Government Departments:

(a) Department of Education: The bureau works with the Department of Education in developing and improving health education in both schools and communities. Activities have included:

- i) a joint committee to study and review school health curricula;
- ii) assistance to teacher training institutions in Winnipeg and Brandon;
- iii) summer school workshops for teachers in school health education;
- iv) assistance with pilot project at Duck Bay, a Metis settlement, where a school and community education program is being developed;
- v) assistance in planning and participation in leadership training for Metis and Indians; and
- vi) assistance to various university departments in providing films and materials for instructional courses.

(b) Department of Agriculture:

- i) joint planning and sponsorship of "plumbaramas";
- ii) exhibits for summer agricultural fairs;
- iii) assistance in production of a monthly bulletin to milk producers;
- iv) assistance to agricultural representatives and home economists in joint community education programs;
- v) plans are underway to develop jointly a health education program for 4-H Clubs; and
- vi) community education programs in safe food handling.

(c) Department of Attorney-General: A closer relationship has been developed during the past year with this department in community projects relating to the prevention of juvenile delinquency. Of special interest is a recently developed series of educational classes for adult probationers. These group classes were planned with the Adult Probation Section.

(d) Civil Defence: The bureau distributes and maintains in good repair all civil defence films. The director of this bureau has recently become a member of the civil defence publicity committee; and

(e) Indian Health Services: The past year also has seen a closer planning and development of health education programs for northern communities by Indian Health Services and our own bureau. Beginning with the selection, preparation and use of materials, plans for the future include in-service education for staff and institutes for teachers.

(4) Department of Health Staff: There are many ways the bureau works with central office and local health unit staffs. General assistance to other bureaux, sections, and local health units have included community organization, program planning and evaluation, consultation in education methods, in-service education, publicity, selection, production and use of materials, staff orientation, and organization of institutes. Some of the more important activities during the past year are:

- organization of food handlers' courses for both commercial establishments and lay groups;
- courses in basic camp sanitation in northern Manitoba;
- organization of "plumbaramas".
- publicity for municipal water and sewerage projects;
- organization and co-ordination of spring clean-up campaigns;
- development of school sanitation programs;
- instruction to student sanitary inspectors;
- community education in sanitation;
- assistance in organizing mobile laboratory programs;
- in-service education for public health nurses - group discussion techniques, community organization, use of educational materials, public speaking; etc.;
- school health education;
- organization of courses in family living;
- assistance in organizing hospital vote publicity;
- assistance in the expansion and formation of new local health, and laboratory and X-ray areas;
- organization of volunteer programs for local health units;
- publicity for programs such as rheumatic fever, diabetes, poliomyelitis;
- assistance in organizing Children's Dental Health Week;
- assistance in organizing advisory committee on dental health education; and
- assistance in organizing a publicity and public education program for Rehabilitation Services.

Public Relations and Information

The bureau's informational writer has the responsibility of publicizing department programs on a provincial basis through press, radio and television. She assists also in organizing campaigns and special projects. As well as assisting in the preparation of reports, technical papers and brochures; regular contributions are made to the Manitoba School Journal, Home and School Association monthly newsletter. The informational writer is editor of the monthly Health Division Newsletter and assists the various program directors in the production of posters and pamphlets.

Following is an outline of some of the information services provided during 1958:

- prepared 23 press releases for rural or daily papers;
- prepared and edited copy for 12 issues of the Newsletter;
- prepared monthly news notes for the Canadian Journal of Public Health;
- assisted in preparing news releases and brochure for hospital votes;
- prepared brochures and news releases for seven water and sewerage votes;
- assisted in organizing, preparing publicity and materials for Spring Clean-Up Campaign;
- much time was devoted in preparation for Children's Dental Health Week. All mass media outlets were used and special materials were prepared for distribution to schools, restaurants, food markets;
- in co-operation with the Manitoba Power Commission and Department of Agriculture, the first "Plumbarama" in Manitoba was sponsored by the Red River Local Health Unit. The bureau's information services assisted with publicity, displays and general organization;
- feature articles, radio and television spots, and posters were prepared and distributed on poliomyelitis immunization during National Immunization Week;
- a special effort was made this year through home economists, women's editors, radio and television to promote safe food handling during the Christmas season;
- assistance was offered in preparing a local health unit booth at the Portage la Prairie Fair. 35mm. slides and a tape recording were used to interpret unit services;
- assistance was offered in organizing and carrying out a publicity and educational program for the employment of handicapped persons; and
- arranged for session on "handling newspaper publicity" at Sanitary Inspectors' Institute.

Publications

The bureau maintains an extensive assortment of pamphlets, posters and exhibits, for distribution to the general public, organized groups and professional workers. These materials are obtained from reliable sources such as Information

Services Division of National Health and Welfare, Metropolitan Life Insurance Company, and other agencies. Health materials produced by voluntary agencies also are distributed by the bureau. In addition, a large number of pamphlets and posters have been prepared by the bureau in co-operation with the various divisions of our own Department of Health and Public Welfare.

During 1958 there were 281,376 pamphlets and 16,255 posters distributed on request. These provide information on preventive health, disease control, safety, child development, dental health, nutrition, department services and programs. Materials requested in local health unit areas are distributed directly from the unit.

Audio-Visual Aids

The audio-visual aids service is necessarily very closely linked with the activities of the bureau as a whole, as every attempt is made to integrate the use of these aids with other materials as part of planned educational programs. Consultation is available to all groups in selecting and using films and materials.

The service is utilized by many professional groups and individuals such as university professors, child guidance workers, welfare and social workers, voluntary agencies, City of Winnipeg Health Department and industrial nurses, as well as schools, churches and numerous lay groups. All visual aids and equipment are supplied free to all groups, except for the cost of transportation, one-way.

All films are previewed by committees representing a cross-section of workers in the particular subject area of the film. Only those adjudged technically correct and approved as having particular use in our own province are recommended for purchase.

Since our catalogue of visual aids "Yours to Use" was printed in 1955 there have been 2700 copies distributed. Supplements to the catalogue were prepared and distributed in 1956, '57 and '58.

	(1958 Records)		
	No. Times Shown	Attendance	No. Speakers
Films	4,168	167,453	2,247
Civil Defence Films	332	20,130	260
Filmstrips	365	12,267	228

There were 413 projector bookings during 1958, and 227 bookings for screens. A total of 2,205 individual film bookings alone were processed by the bureau.

Art Services

Activities of the art department staff comprise a wide variety of projects, including the planning and lettering of department publications, the preparation of posters, displays, charts and graphs, and the designing of T.V. graphics. This service is extended not only to all branches of the department but also to voluntary and lay organizations and other government departments.

The work of the art department staff may be summarized as follows:

planning and preparation of posters	114
preparation of charts and graphs	59
planning and preparation of pamphlets and covers	15
design, drawing and lettering of certificates	49
illustrations for articles, stencils	104
design and drawing of new letterhead	1
preparation and design of displays	8
maps colored to designate areas	25
anatomical illustrations	7
production of film trailer	1
television graphics	6
other educational materials	16
plus various photographs, layouts and photo retouching	

Printing Service: The bureau offers a mimeograph printing service to all divisions of the Department of Health and Public Welfare, as well as outside agencies working in the field of health. During the year 1958 there were 771 printing jobs representing 2,584 stencils cut and 489,925 sheets of paper printed. Twenty-nine bureaux, sections or agencies used this service.

Health Education

The work of the field health educators parallels very closely that of the central office except that it takes place at the local level. The necessity of planning and carrying out educational programs in keeping with the needs, interests and resources of local communities, has shown the value of this policy of decentralization. Two health educators have been employed to serve six local health units. Their programs have been integrated with those of the two nutritionists who serve the same areas.

Health Educators assist local health unit staffs with public information programs through press, radio, television, public meetings, distribution of literature, promotion of film usage and annual reports. Emphasis has been placed largely on the interpretation of local health unit services to the public. Consultation is offered to staff members on education methods and materials. Through community organization the health education programs of local lay organizations are strengthened.

Assistance with educational programs is provided to local voluntary agencies, physicians, dentists, agricultural representatives, home economists, and other professional workers. Special effort also is made to assist teachers whose influence on the children and the community as a whole can add much to the attainment of the department's aims and objectives.

The two health educators planned and conducted a Workshop on Health Education for teachers at the Department of Education Summer School, gave lectures at teacher-training institutions, attended numerous teachers' conventions, and maintained a close liaison with school inspectors, school boards and home and school associations.

Community health education projects included dental health and nutrition education, sanitation, family living, safety, and leadership training.

Nutrition Services

Professional education and consultation services continue to be the important phases of the nutrition program. Although some direct nutrition services are provided to individuals and groups they are reached mainly through professional personnel who themselves give the direct services -- local health unit staff, teachers, hospital and institution personnel, among others. Activities of the past year have included:

(1) Practical Nurses: Eight 50-hour courses in nutrition and home-making were given to 137 students in all five schools for practical nurses in Manitoba: Ten short articles were written for inclusion in the Licensed Practical Nurse Association Newsletter.

(2) Consultant Dietitian Service: Dietary consultation is given to hospitals, homes for the aged, and other institutions that do not have a dietitian on their staff, to assist them with their food service problems. Seventy-eight visits were made to 33 institutions during the year.

The first edition of "Food Service News" was published. This publication will brief hospital matrons and cooks on nutrition, purchasing, storage, food handling, recipes, and ways to improve their food service.

(3) Consultation Service to Department Staff: An attempt was made this year to increase service at the local level. Each nutritionist was assigned to specified local health units and made periodic consultant visits. Assistance was given with family food budget problems, diet analyses, provision of and interpretation of special diets, home visits, previewing and choosing of films; prenatal classes were conducted as demonstrations in many units; staff education sessions were held on such subjects as food budgeting, infant feeding, fat and heart disease, diabetes control, food for the aged. One Nutritionist helped organize and actively participated in twelve food handling classes held for restaurant personnel. A Vitamin D cost analysis was prepared. In one area assistance was given in organizing and conducting a series of discussions with high school students with acne.

Eleven nutrition views columns and a write-up on a new bread were prepared for the Health Division Newsletter. The part to be played by the sanitary inspector in nutrition education programs was presented and discussed at the Sanitary Inspectors' Course.

(4) Consultant Service to Teachers: Twenty-four white rat feeding experiments were conducted in the schools. Conferences on follow-up education and active assistance at Parents Nights was provided as requested. Demonstration nutrition classes were conducted by the nutritionists in several elementary high schools. Many conferences were held with individual teachers and groups of teachers on planning and organizing nutrition education programs.

(5) Consultant Service to Official and Voluntary Agencies: Official and voluntary agencies are offered and make good use of our consultation services. Following are examples of the type of assistance we have given during the year:

(a) Federal Nutrition Services - Nutritionists participated in a nutrition survey of persons over 70 conducted by Federal Government Nutrition Division. Four-day food records were obtained and an analysis of urine and blood samples will be done. When reports of the findings

are received the local health units will be assisted in carrying out a follow-up program.

The senior nutritionist attended meetings in Ottawa and Montreal of the Canadian Council on Nutrition and its subcommittee on Dietary Standards Revision and of the Dominion Provincial Nutrition Committee.

(b) Department of Education - Lectures and demonstrations on nutrition education in the schools were given at the annual Health Education Workshop and at the Faculty of Education and Teachers' Colleges in Brandon. Assistance was provided to the Supervisor of Home Economics in the selection of suitable nutrition reference materials for high school home economics classes. The senior nutritionist is a member of the Health Curriculum Revision Committee.

(c) Indian and Metis Committee -- The senior nutritionist is a member of this committee, of its sub-committee on health and is chairman of the Duck Bay Project Co-ordinating Committee. Under the auspices of the committee the third leadership course was conducted. Nutrition services provided 10 1/2 hours of instruction on basic nutrition and practical cookery.

(d) Other Agencies - The Welfare Department and Rehabilitation Services continued to make good use of our budget and special diet services. A talk on nutrition education was given to Women's Institute Leadership Course in Brandon, for Department of Agriculture.

The senior nutritionist participated in a panel on nutrition and dental health at a meeting of the Manitoba Dental Association. She is a member of the Dental Advisory Committee.

(6) Miscellaneous Service: Talks on various aspects of nutrition were given to 7 lay groups. 125 individuals were assisted with nutrition or special diet problems during the year. A pamphlet of liver recipes and one on protein were prepared and mimeographed. These are to be tested and evaluated before being printed.

Conclusion: This report in no way outlines the total activities of the bureau; least of all does it indicate the many, many tasks carried out by the staff. The director, therefore, wishes to take this opportunity to thank the members of the staff for the personal interest they have taken in the work of the bureau and their desire to give at all times the best possible service to those who use the facilities.

PROVINCIAL BOARD OF HEALTH (ADVISORY) UNDER THE PUBLIC HEALTH ACT

Chairman - F. T. CADHAM, M. D.

Submitted herewith is the Annual Report of the Provincial Board of Health for the calendar year 1958. Following authority outlined in The Public Health Act, membership of the board consists of the Deputy Minister of Health, the Provincial Bacteriologist, the Director of Health, Provincial Sanitary Engineer and seven other persons appointed by the Lieutenant-Governor-in-Council on the advice of the Minister. The duty of this board is to "advise the Minister in all matters relating to the preservation of Health and the prevention of Disease". At the same time "none of the Regulations made by the Minister under The Public Health Act shall be operative or come into force until approved by the Board".

During 1958 five meetings of the board were held.

April 23 - Dr. M. R. Elliott, Deputy Minister of Health, reported that whereas the three year term of membership of all board appointees had expired, a new order-in-council had been developed appointing the following:-

Dr. F. T. Cadham	Winnipeg
James A. Cuddy	Sanford
A. W. Vincent	Winnipeg
Roper G. Cadham	Winnipeg
W. J. Ducharme	Fort Garry
Mark Flattery	Winnipeg

The order deemed it advisable and expedient to appoint Dr. F. T. Cadham, Chairman of the Board.

- * Recommended amendment to Regulations, Part III, Div. X re Municipal Waterworks and Sewerage;
- Recommended that consideration be given to transfer of responsibility of Sanitary Control Commission to the Minister of Health and Public Welfare;
- Considered and tabled amendments to Swimming Pool Regulations, Part III, Div. 24.

June 11

- * Recommended establishment of a Sanitary Area to preserve potability of waters of Chisel Lake in Northern Manitoba;
- Recommended adoption of detailed regulations dealing with Atmospheric Pollution;
- Registered concern regarding Penicillin and other Antibiotics in milk;
- Registered concern over sanitary standards under which some fish is processed in Manitoba; and
- Discussed Swimming Pool Regulations in relation to new artificial commercial pools: Set up sub-committee to study.

August 20

- Discussed swimming pools and recommended complete redraft of regulations;
- * Recommended incorporation as Regulations a series of safety measures for swimming pools;

- Recommended redraft of Regulations regarding Food and Food Establishments; and
- * Recommended establishment of a Sanitary Area at Indian Bay to insure protection of area from which Greater Winnipeg water is drawn.

Sept. 29

- * Recommended latitude in the Plumbing Code to accommodate normal industrial procedure.

Nov. 28

- Discussed in detail draft regulations regarding Swimming Pools;
- Gave preliminary consideration to the status of Concentrated Milk;
- Recommended minor modifications in Bedding Regulations;
- Recommended that type M * D.W.V. Copper Pipe be declared acceptable;
- Recommended action that would prohibit the use of X-ray Shoe Fitting devices; and
- Recommended addition of piggeries to list of "offensive trades".

* indicates that the recommendation has been published in The Manitoba Gazette.

SECTION OF ENVIRONMENTAL SANITATION

Director - HUGH MALCOLMSON, M.D., D. P. H.

Submitted herewith are reports covering the activities of the various groups that together make up the Environmental Sanitation Section. They cover the calendar year 1958. At the year end this group was composed as follows:

4 - Public Health Engineers	1 - Physician
3 - Food Sanitarians	1 - Bedding Inspector
2 - Chemists	11 - Sanitary Inspectors

This represents an increased establishment of one Food Sanitarian during the year. Three Engineers, two Food Sanitarians, one Chemist and five Inspectors are provided under Federal Health Grants.

Although each of the groups reporting do carry certain continuing statutory responsibilities, it is important to emphasize from time to time that their primary function is Technical, as the first line of consultants to the "General Practitioners" working on broad programs at the local level. This being the case it is equally important to establish that the group has no responsibility for local administrative practice and administrative policies unless specifically requested to contribute.

A review of the reports will indicate that 1958 was a year for the consolidation and digestion of programs launched during 1957 rather than the initiation of new ones. The heavy nature of these assignments is indicated by the following partial listing:

- The completion of the training program which graduated eleven sanitary inspectors during November, 1958;
- The completion of the first year administering a new series of Bedding and Upholstered Furniture Regulations;
- The extensive revision before the Board of Health of Regulations dealing with Food and Air Pollution;
- The consolidation of the responsibilities carried under The Pollution of Waters Prevention Act and the Sanitary Control Commission which were moved to this department during 1958;
- The integration of the activities of various Federal groups with Provincial and local authorities regarding the production of "Canada Approved" eviscerated poultry;
- The technical adoption of a new Plumbing Code; and
- The completion of the first year of basic air pollution sampling in the Greater Winnipeg area.

It is satisfying to learn that two of our longer term problems:

- (i) An area program under which a sanitation program for all Northern areas may develop and
- (ii) a policy and regulations to cover pools, beaches, natural and man-made resort areas, may be expected early in the new year.

It is felt important and timely to call attention to the exceptional devotion to job and cause demonstrated by every technical person in this section. Manitoba is very well served by this team and this department has every right to be proud of the very high calibre of work which is recorded in the reports which follow.

PUBLIC HEALTH ENGINEERING

Director - L. A. KAY, M. A. Sc., P. Eng.

May I report on the activities of the Bureau of Public Health Engineering for the year 1958 under the following headings:

- (a) Staff;
- (b) Outline of program;
- (c) Public Health Engineering in Manitoba;
- (d) Summary and future planning.

The success of any operation depends on personnel. In this regard the Engineering Bureau is fortunate in having a full complement of staff who can work, together or singly, with a minimum of supervision. The one engineering vacancy was filled in April by a graduate in civil engineering at the University of Manitoba. It is expected he will take a post-graduate course in public health engineering in 1959-60.

The senior engineer remained in charge of allocation of projects and field areas in addition to arranging the schools for water works and sewage plant operators. He also looked after one section of the province for routine checks of municipal utilities.

The two Grade I engineers divided the bulk of the field work between them. One served as the engineer for the Provincial Sanitary Control Commission and, as such, emphasis was placed on stream studies and pollution control measures. The other engineer is responsible for most of the northern area of the province, and, in addition, specializes in technical instrumentation.

The technician for the Sanitary Control Commission resigned in September. The position has not been filled pending a decision on securing a chemist, engineer or biologist as a replacement since the nature of the duties is changing towards the biochemical field.

A third-year engineering student was hired to assist in the summer work program with emphasis on the sanitary control of the oil field areas and the increasing demands in the provincially-operated summer resorts such as the White-shell.

As usual it is a pleasure to acknowledge the excellent work done by the clerical staff. We might also mention two medical students who ably undertook the two research projects carried out during the year.

Outline of Program

General: The development and implementation of an engineering program is relatively complex but must be keyed to the fundamental requirement of serving the public. Direct assistance is rendered the individual citizen by office visits and correspondence and field trips with the help of district inspectors. However, more and more of this work is being done in an excellent manner by the staff of the local health units which leaves the engineers more time to work with municipal organizations and local health authorities. Notwithstanding this, every effort is made to assist the public in the quickest and most direct manner; a logical procedure in view of the many and varied forms of regulations which now govern most of our day-to-day activities in industry and at home.

Water: The provision of safe water is still the most significant factor in man's health and as such is the subject of major concern to the engineering bureau. The bacterial results on all public water supplies are carefully screened and where potential hazard is indicated, immediate steps are taken to contact the local authority and offer assistance. In addition, the problems of the individual home or cottage owner are given careful attention. Many operators of camps and resorts apply for information on methods of water supply, protection and purification.

Waste: Complementing the work on water supply is the question of inoffensive treatment and disposal of waste materials. All new independent municipal sewerage systems are required to have an adequate sewage treatment plant or process. Sewage lagoons are becoming more and more important as a solution to this problem of providing an economical and practicable method of rendering waste innocuous.

Keyed to waste treatment is the need for adequate pollution control measures, particularly in regard to our great natural watercourses. In this regard, the Provincial Sanitary Control Commission has been re-organized and is responsible to the Minister of Health and Public Welfare.

Research: Nineteen fifty-eight saw the reactivation of a research project on rural sewage disposal and the initiation of a study of sewerless toilet systems. The latter consist of miniature activated sludge sewage treatment plants directly connected to one or more domestic fixtures. Several American types are now on the market and one Canadian product is in an active stage of development.

Sanitation: The fields of sanitation and public health engineering overlap to a marked degree. Certainly the effectiveness of the engineering program is conditioned to a large extent by the co-operation of the senior sanitary inspector and the district and local health unit sanitarians.

The engineers are responsible for the preparation and editing of popular literature, the preparation of drawings of septic tanks and of other methods of rural waste treatment and disposal, and the review of many of the general sanitation regulations. In some instances new developments, (e.g., modified swimming pools) are first subject to consideration and recommendation by the engineering bureau then turned over to the local health authority for operating supervision.

Co-operation: The engineers work in close harmony with other groups of the Department of Health and Public Welfare and with other branches of government. In this regard, particular mention might be made of our own environmental sanitation section, the health education bureau, the fisheries, forestry and mining branches of the Department of Mines and Natural Resources, and the engineering division of the Department of National Health and Welfare.

Public Health Engineering in Manitoba

General: In the previous year it was noted that there was a gradual change in that, as the local health unit system extended over more and more of the province, the problems of individual citizens were handled at these local levels. This is a natural and healthy indication of better and more direct service to the public. Secondly, even the smaller communities are now looking forward to the

installation of municipal water and sewerage works and the home owners are less subject to the perplexities of individual private water and waste disposal systems.

Water: The application and depth of engineers' services have changed; more emphasis is placed on the watch over municipal water supplies, since these may affect the health of relatively more people. Projects for the installation of municipal utilities are checked on behalf of the minister on the basis of sound practice and design; free analyses of potential sources are made; water main disinfection is done without charge except for the actual chemicals required; assistance is provided in the initial operation of new plants and the municipalities are encouraged to send their operators to Winnipeg to participate in instructional courses.

Courses and Talks: Schools for waterworks and sewage plant operators were started in 1955 as a joint effort of the department and the Western Canada Conference on Water and Sewage. The syllabus is set by a committee of the conference, representing the three prairie provinces. Similar schools are run by the health departments of Alberta and Saskatchewan. A summary of the personnel attending the courses in Manitoba for the past four years follows:

Waterworks and Sewage Plant Operators' Courses - Attendance

	<u>First Year</u>	<u>Second Year</u>	<u>Third Year</u>	<u>Refresher</u>
1955	23	--	--	--
1956	29	25	--	--
1957	18	14	19	--
1958	19	16	10	8

The engineers also participate in talks and lectures at the annual institute of sanitary inspectors, summer school courses and technical conventions. During the year a number of municipal meetings for the promotion of waterworks and sewerage schemes were attended.

Waste: Along with the development of new water works projects is the problem of the collection and disposal of waste in an inoffensive and innocuous manner. Lagooning of sewage is the predominant process in Manitoba now, with one of the largest (150 acres at Portage la Prairie) now almost ready for use, and some of the smallest (one-half to one acre) in service to serve industry and institutions. Lagooning appears to have numerous advantages in the municipal field; cheapness of construction, relatively little maintenance and operation costs, effective treatment of the waste and a reduction in the amount and strength of effluent being discharged to surface water courses.

The effectiveness of the lagoon system of treatment may be seriously jeopardized by the admixture of strong industrial wastes, e.g., that from canneries and poultry eviscerating plants. Sound original design and due consideration of the possible effect of new industry, including reference to competent consultants, would appear to be essential if difficulty is to be avoided. The design factors for sewage lagoons have been amended in line with the results of current observations and test results, with the result that the allowable loading (of domestic waste) is about two and a half times that thought reasonable three years ago.

Research: Within the limits of time and facilities available, research has been continued on sewage disposal by lagooning. In 1958, emphasis was on the soil structure of lagoons and effective reduction of biochemical oxygen demand in the contained liquid. With only one student available for approximately four summer months, it was not possible to carry out other than a cursory series of tests and observations, but the results have been sufficient to confirm some conjectural design factors. For example, it is now apparent that a more-or-less impervious lagoon bottom is very desirable, and this, along with variable depth control, is probably the most important factor in construction design.

In recent years several sewage equipment companies in the United States have developed all-in-one toilet facilities with built-in sewage treatment, and, in some cases, recirculation of the effluent for flushing purposes. This type of installation could be of significant use in summer and rural homes and in remote northern areas where electricity is available. The advantage lies in the elimination of a separate exterior sewage disposal system and the optional re-use of effluent. One Canadian firm of consultants became interested and has built several prototypes of their own design. One of these, with the co-operation of the Indian Affairs Branch, was installed in a teacherage at an Indian School at Fort Alexander near Pine Falls. Preliminary checks on this equipment reveal a number of mechanical operating difficulties, but also indicate a very real potential usefulness.

Water Pollution: In 1958, The Pollution of Waters Prevention Act was placed under the administration of the Minister of Health and Public Welfare, and the Sanitary Control Commission re-organized with Mr. Nestor Mudry of the Water Resources Branch and Mr. W. J. Johnston, Q.C., Deputy Minister of Municipal Affairs, as members, and Mr. L. A. Kay of the department as chairman. Periodic and frequent meetings of the commission have resulted in a definite program aimed at the gradual improvement of the sanitary quality of the major surface watercourses of the province. During the year, nine licences for discharge of sewage effluent and industrial waste were issued and plans made for the initiation of discussions on control or treatment measures by the larger pollution agencies.

Investigations were carried out in regard to the sanitary condition of the Burntwood and Grassy Rivers, Lake Winnipeg and the Winnipeg River, Schist Lake and Lake Athapuskow, the Lynn Lake Drainage Area, the Red River and the Whitemud River. Much of this work was done with the active help of the Fisheries Branch of the Department of Mines and Natural Resources. A program of this sort requires continuing attention, usually re-surveying for a minimum of three yearly periods.

With the development of large mining and smelting activities in the north, it is apparent that the control of land, air and water pollution should be carried out on an integrated basis. An example is the INCO development at Thompson where, in addition to the possible effect of the proposed mining and smelting operations on foliage within a large radius, there is also the question of air pollution and the reasonable usage of local watercourses. The townsite is expected to have an initial population of some eight thousand people; water is to be secured from the Burntwood River and sewage effluent discharged downstream.

Sanitation: Everyday sanitation is still an important aspect of the public health engineer's program. The consideration of plumbing and building codes, constant revision to allow the use of new and improved materials and techniques, and frequent consultation with Federal and other provincial authorities for uniformity of application are all essential procedures for the health and well-being of the public.

In addition, the problems of the individual home-owner are given careful consideration and practical help whenever possible. With the opening up of the forest reserves for summer cottages, many urban dwellers now face the problems of safe water supply and innocuous waste disposal formerly related only to rural and suburban living. Many cottagers wish to install full plumbing and require advice on septic tanks and other methods of sewage disposal. The engineers work in co-operation with the Forestry Branch on all these matters, and, in addition, undertake the regular sampling of all public water supplies in the resort areas.

Manitoba, in 1958, saw the development of a new type of public recreation facility - the modified swimming pool or artificial lake. This embodies a water reservoir with artificial beaches and a sand bottom, along with suitable dressing rooms, etcetera, for each sex. Usually the establishment is complete with car parking and picnic areas and in some instances, run in connection with motels and dining establishments. Most of the pools are entirely artificial although in a few cases natural creeks are dammed to hold back the water.

Since the current Regulations on swimming pools were formulated on the basis of the standard indoor pool encased in impervious material, it was necessary to assess the new development on its own merit. Revised Regulations are being drawn up and it is quite likely that a departmental licence will be required for all modified pools and artificial lakes in addition to a yearly operating permit from the local health authority.

An interesting sidelight on the new type of public bathing facility is the possible need for short training courses for swimming pool operators, in order that they may learn to appreciate the necessity for careful attention to pool water quality and general sanitation.

Summary and Future Planning

The public health engineering program continues to cover a very wide field, all of which is concerned directly with the health and well-being of the public at work, at home, and at play. The work is conducted as a co-operative effort with contemporary bureaux in the Section of Environmental Sanitation and other governmental branches. The depth of application is determined by the relative effect on the greater number of the public; hence the emphasis on municipal utilities rather than private water supplies.

Some of the engineering activities planned for 1959 follow:

(1) Schools for waterworks and sewage plant operators will be continued; and a course run for DND supervisory personnel.

(2) Periodic visits will be made to municipal utilities for on-the-spot assistance in operation.

(3) A watching brief will be maintained, in co-operation with the Oil and Natural Gas Conservation Board, on the possibility of land and water pollution by oil, emulsion and salt water in the vicinity of the oil fields.

(4) In co-operation with Forestry Branch, water supplies for the public in the tourist areas will be sampled throughout the summer; and assistance provided in the matter of plumbing and sanitation inspections.

(5) Research will be continued on rural sewage disposal, in particular, sewage lagooning; and on the application of sewerless toilets to Manitoba conditions.

(6) Regulations will be prepared for the control of modified swimming pools and artificial lakes; those on standard swimming pools and bathing places will be reviewed.

(7) Laboratory projects will include the construction of a model septic tank system, a modified municipal water works plant, and model portable privies.

(8) Work will be carried out in conjunction with Fisheries Branch on the sanitary and biological condition of the Burntwood and Grassy Rivers and continued on the lower part of Lake Winnipeg.

(9) The effectiveness of various municipal sewage lagoons and the effect on receiving watercourses, such as the Whitemud River near Neepawa, will be studied.

(10) Major pollution agencies will be approached with a view to devising ways of easing some of the present heavy pollutorial loads on the more important watercourses of the province.

(11) Design standards for sewage lagoons, septic tanks, disposal fields and above-ground filters will be reviewed.

(12) Bacterial standards for potable water supplies will be reviewed and a program of consistent sampling encouraged.

(13) A review of the municipal water and sewerage systems in the province will be prepared.

Attention is drawn to the appendix which lists the major changes in municipal water and sewerage systems since 1945.

Major Waterworks and Sewerage Installations in Manitoba

<u>Cities</u>	<u>Major Installations/changes since 1945</u>	<u>Remarks</u>
Brandon	Replacement water filtration plant Additions - cold lime soda softening system - fluoridation of water (1955) - enlarged water treatment plant-1958	Original system 1893
Portage la Prairie	Revamping of old water filtration plant Additions - cold lime soda softening - fluoridation (1958) - sewage lagoons constructed-1958	Original system 1905
St. Boniface	Fluoridation of water at Greater Winni- peg Water District source	Original system 1905 Now part of GWWD and GWSD
Winnipeg	G.W.W.D. fluoridation - 1956	Original system 1899 Now part of GWWD and GWSD
St. James	G.W.W.D. fluoridation G.W.S.D. interceptor extended to municipality (1958)	Charter Member GWWD Became Member GWSD 1 Jan. 55
East Kildonan	G.W.W.D. fluoridation	Charter Member GWSD and GWWD

Note: Fluoridation of all water supplied by
Greater Winnipeg Water District was initiated in 1956

Towns:

Beausejour	Waterworks and sewerage systems in operation 1958	
Boissevain	Waterworks and sewerage systems in operation 1955 Water fluoridation initiated 1957	
Carberry	Sewerage system - 1958	Original system 1907 Non-potable supply
Carman	Potable Waterworks and sewerage sys- tem under construction - 1958	(Original system 1909 Non-potable supply)
Dauphin	Installing equipment for fluoridation	Original system 1913
Emerson	Waterworks distribution and sewerage systems in operation 1957	Water treatment plant installed 1956
Flin Flon	Extensive additions including new water purification and new sewage treatment plants	Considering fluori- dation of water
Gimli	Complete waterworks and sewerage in operation 1957	
Gladstone	Waterworks and sewerage system under construction 1958	

<u>Towns:</u>	<u>Major Installations/changes since 1945</u>	<u>Remarks</u>
Grandview		Original system 1904 Non-potable supply
Hartney	Waterworks and sewerage system proposed	Vote on money by-law 1959
Killarney	Complete waterworks and sewerage in operation	1955
Melita	Waterworks and sewerage systems installed	1956
Minnedosa	Waterworks and sewerage systems installed	1953
Morden	Waterworks and sewerage systems installed Sewage lagoon - 1958	1951
Neepawa	New sewage lagoon constructed 1957	Original system 1913
Rivers	Waterworks and sewerage systems in operation	1956
Russell	Waterworks and sewerage systems in operation	1956
Selkirk	Extensive additions to distribution and collection system; chlorination of water supply	Original system 1910
Souris	New sewage treatment plant; new water purification plant with river intake	Original system 1912
Steinbach	Waterworks and sewerage systems in operation	1956
Stonewall	- - - - -	Vote negative 1957
Swan River	Waterworks and sewerage systems installed	1956
The Pas	- - - - -	Original system 1916
Transcona	Initiated chlorination of water 1957	Charter member GWWD and GWSD
Tuxedo	Joined G.W.S.D. 1955	Charter member GWWD
Virden	Waterworks and sewerage systems installed. New water supply 1958	1953
Winkler	Sewage collection and treatment system installed	1956
Winnipeg Beach	- - - - -	No vote
<u>Villages:</u>	<u>Major Installations/changes since 1945</u>	<u>Remarks</u>
Altona	Sewerage system completed	1958
Brooklands	Waterworks and sewerage systems installed	1955 - 1957. Served by GWWD and GWSD
Cartwright	Waterworks and sewerage system proposed	Vote on by-law 1959

<u>Villages:</u>	<u>Major Installations/changes since 1945</u>	<u>Remarks</u>
Glenboro	Sewerage system in operation	1957
Great Falls	Water and sewerage systems in operation	MHEB
Lac du Bonnet	Water and sewerage systems in operation	1954-1956
Manitou	Water and sewerage systems in operation	1958
Roblin	Water and sewerage scheme under construction 1958	Completed 1959
St. Lazare	Water and sewerage systems in operation	1957
Treherne	Waterworks system in operation	1953. New water treatment plant proposed.
Wawanesa	Limited waterworks system installed by Wawanesa Insurance Company	1954
<u>Rural Municipalities:</u>		
Assiniboia	Limited water distribution system installed. Part of area accepted into GWSD (1 Jan 58) Sewer construction 1958	1955
Cartier	Local water treatment plant installed near Elie; no distribution system	1954
Charleswood	- - - - -	Fluoridated and chlorinated water from GWWD
Franklin	Local water treatment plant installed at Dominion City; no distribution system	1955
North Kildonan	Water and sewerage systems installed in one ward; served by GWWD & GWSD	Admitted to GWSD 1 Jan 56
<u>Suburban Municipalities:</u>		
Fort Garry	Extensive additions to waterworks and sewerage mains Fluoridation of GWWD source	Charter member GWWD Joined GWSD 1 Jan 55
St. Vital	Installed water pumping and chlorination facilities; water fluoridated at GWWD source	Charter member of GWWD and GWSD
West Kildonan	Water fluoridated at GWWD source	Charter member of GWWD and GWSD
<u>Industrial Townsites:</u>		
Pine Falls	- - - - -	Manitoba Pulp and Paper Company
Snow Lake	Waterworks and sewerage systems installed in 1955	Now Hudson Bay Mining and Smelting Company
Lynn Lake	Waterworks and sewerage systems installed 1955-56	Sherritt-Gordon Company
Thompson	Waterworks and sewerage systems under construction - 1958	International Nickel Company

FOOD CONTROL

Director - A. G. MCLEOD, B. Sc. A.

Submitted herewith is the Annual Report of the Bureau of Food Control for the calendar year 1958.

Responsibilities: The Bureau of Food Control is the authority set up within the Department of Health and Public Welfare to advise, and to act upon food safety. Basically, this relates to contamination of foods with harmful ingredients, dirt, filth, poisons, pathogenic or disease producing bacteria, and other health hazards encountered in all stages of food production, manufacture, processing, transport, storage and distribution. The main responsibilities are: Firstly, to advise senior departmental officials; Secondly, to provide advisory and consultant services to all local health authorities; and, Thirdly, to maintain a watching brief on food control, and to keep the local authorities abreast of new developments and problems.

Specific responsibilities in food control can be outlined as follows:

I - The bureau has the responsibility of advising the Provincial Board of Health on health hazards in food being sold, and recommends to the Board the procedures, processes, and legislation which may be used to ensure necessary health protection. On the other hand the board requests technical reports, and other data which they require in their deliberations and actions.

II - The responsibility for general administration of the Regulations, Part IV, under The Public Health Act rests with the bureau, particularly as it concerns consultation, and assistance to local authorities. Part IV of the Act includes:

Part IV, Division 1	-	"Food"
" IV, " 2	-	"Milk and Milk Products"
" IV, " 3	-	"Producers' Markets"
" IV, " 4	-	"Slaughterhouses"
" IV, " 5	-	"Bakeries and Bake Shops"
" IV, " 6	-	"Bottling Plants"
" IV, " 7	-	"Eating Establishments"

Added to this legislation is The Frozen Food Locker Plant Act, and the Regulations made thereunder. The bureau director was appointed administrator of this Act, as well as a member, and secretary of the Advisory Board, respecting said Act.

III - The bureau has responsibility for advising and assisting local health personnel on bacteriological, and chemical analyses; collection and submission of food samples to our laboratories; assisting laboratories by providing technical detail; assisting the laboratories in interpretation of results; and recommending action to be taken by local authorities.

IV - The bureau has technical responsibility for assuring that local sanitary inspectors have the necessary information to ensure food safety measures are enforced in their respective areas. The bureau provides in-service training, acting as technical consultants, by special training courses, institutes, and assistance during field visits - all designed to make increasingly effective the inspection services at the local level.

V - The bureau acts as departmental representative in liaison with other departments, both provincial and federal, where food safety is concerned. Included in this area are:- Department of Mines and Natural Resources - Game and Fisheries Branch, Forestry Branch; Department of Agriculture - Dairy Branch; Department of Industry and Commerce - Tourist Facilities; The Liquor Control Commission; Federal Food and Drug Division; the University of Manitoba; the National Research Council; and many others.

VI - Generally, bureau personnel serve on advisory boards, and committees, and actively co-operate with both technical and non-technical organizations related to food and milk control. Assistance and co-operation in health education have become increasingly important, and assistance is given in participation at meetings, short courses, and related activities.

It is recorded that the responsibilities are becoming more exacting since food control is becoming increasingly complex with new production methods, new additives, increased areas of distribution, and many other factors. At the same time where health safety is involved it is essential that food be not sold until it has been reasonably established that illness or other harmful effect will not result from consumption. Since all food is perishable to some degree, a seizure of food for even twenty-four hours may result in considerable loss.

Staff: The bureau staff consists of the Director, who acts as senior milk and food consultant; a Milk Consultant whose duties are specifically related to milk control with major emphasis, and responsibility related to milk pasteurization plants; a Food Consultant whose duties relate to technical food problems other than milk; and required stenographic services.

Milk

Bureau activities in Health Control of Milk Supplies continue to be based on two objectives: Firstly, milk must be produced, processed, and handled in a sanitary manner, with proper equipment, controls, and under the supervision of qualified personnel; Secondly, the bacteriological results must meet acceptable public health standards.

In accordance with these two objectives, the activity has been:-

- i) Detailed scrutiny and analyses of all milk pasteurization plants in the province for certification in the issuance of the Minister's Certificate of Approval;
- ii) Appraisal of the bacteriological analyses results obtained on all the plants, and co-ordination with the three bacteriological laboratories where-in bacteriological analyses are carried out; and
- iii) Assistance to medical officers of health, and the other local authorities where problems related to milk or milk products are encountered. Included in this activity has been orientation of new sanitary inspectors, co-ordination of in-service training and assistance, upon request, on raw milk programs.

During 1958, the milk pasteurization plants were located as follows:

Brandon	2	Selkirk	1
Dauphin	1	Shoal Lake	1
Flin Flon	1	Souris	1
Greater Winnipeg	8	*Steinbach	1
Killarney	1	Swan River.....	1
Minnedosa	1	The Pas	1
Portage la Prairie	1	University of Manitoba	1
Provincial Institutions	5	Winkler	1
		Total	28

*Ceased operations during 1958.

Detailed work with high temperature short time pasteurization units has continued with the units operating in seven of the twenty-eight plants. Preparatory work, and investigation has been commenced in relation to Ultra High Heat Pasteurization units since some of these units, a variation in regular pasteurization procedure, are anticipated during 1959. These pasteurization units, with related equipment and controls, are highly complex, are essentially the heart of the operation, and a major health concern.

Considerable work has been carried out regarding bacteriological analyses results. Liaison has been continued with out provincial laboratories in sample flow, in interpretation of laboratory results, and in special analyses where such are considered essential. Assistance has been provided the armed services in their milk assessment programs, co-operation has been given the federal authorities in common carrier milk supplies, and a good liaison has been established with the Provinces of Ontario and Saskatchewan with milk shipped interprovincially, being pasteurized in one province and distributed in another.

In-service training of the field staff has continued, and the operators of pasteurization plants in provincial institutions have been provided assistance and guidance on a routine basis for the first time this year. It is recorded that all our inspectors except those who have received new appointments, have been exposed to the University Short Course on Market Milk. Other phases include field visits, and attendance, at meetings and institutes.

During the year a uniform milk pasteurization plant inspection form has been developed, and it is presently being incorporated in local programs. There have been a number of equipment modernization programs in plants during 1958. One new plant at The Pas, to serve Northern Manitoba, commenced operation during the year. Technological development in milk plant equipment - design, installation and operation - has advanced at a rapid pace during the year. This advance has necessitated, more than ever, a co-operative approach by industry, University and this bureau. During the year this co-operative approach has been continued and strengthened.

Food

The bureau activities in food, other than milk, have been many and varied. The provision of advisory and consultant services on food safety to the local authorities has required the greater majority of time. These specific requests and queries range over the entire food field, examples of which would include:- salvage of food from fires, and floods, catering establishments, food poisoning

outbreaks, poultry slaughtering and eviscerating plants, canning plants, carbonated beverages, fish, frozen foods, chemical and bacteriological analyses.

The number of requests for bacteriological and chemical analyses from local authorities continues to increase. This has necessitated close liaison with the laboratories, and a watching brief has been maintained on this phase to ensure that it develops into a properly organized service which is related to necessity. In particular, the reported illnesses related to food have been carefully investigated, and the results of these investigations are being incorporated in preventive programs.

During 1958 it was possible, through a Federal Health Grant, to provide the field inspectors with a basic course in Microbiology. This was the result of discussions with, and the co-operation of the Department of Microbiology, University of Manitoba. Effective food control programs locally depend, to a large extent, on the in-service training of the inspectors whereby they are kept abreast of newer developments, and changes in techniques. It is significant that microbiology has been the main subject for in-service training during 1958, since it is one of the most important aspects of our work.

Another important activity during 1958 was the assistance provided in the improvement of the camp facilities in Northern Manitoba. In co-operation with the northern personnel, and the Bureau of Health Education, a concerted and successful effort was made to promote a better understanding of the need for food safety measures. The adoption of this type of preventive program, in the form of short courses to operators, will eliminate many of the immediate problems which would otherwise be encountered. Two of these basic courses with the necessary follow-up work were undertaken during the year.

Frozen Food Locker Plants

Permits issued:-

<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
102	101	96	96

These locker plants serve the communities as frozen food centres both for individual patron storage, and for bulk storage for both wholesale, and retail outlets. A decrease in the frozen food storage for individual patrons has been evident, but storage facilities still exist for some twenty-eight thousand families throughout the province.

Inspection service has continued, and the Advisory Board under The Frozen Food Locker Plant Act has been kept abreast of developments and problems. One prosecution was undertaken during the year, and the board recommended several changes to the Regulations. The bureau director has remained administrator of the Act, and has served as a member and secretary of the Advisory Board under the Act.

Bottling Plants

<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
24	25	24	25

One new bottling plant commenced operation during 1958. Bottling plants were not a major activity during the year, but once again it is recorded that legislation directed to these plants has proven effective, since it has achieved a most desirable purpose - prior discussion, and prior approval before a plant is constructed.

Eating Establishments

There has been increased activity by local authorities in the supervision, and control of restaurants and catering establishments during 1958. Better coverage by local authorities, the changes in the liquor legislation, and demands by the general consuming public have all been responsible for improvements. The industry, and the suppliers to the industry have shown increasing interest in the health aspects of operation.

Again it is recorded that in Manitoba, to avoid duplication of services, and confusion of authority, established local health authorities supervise food safety in operations licensed by the Liquor Control Commission. This has worked well during 1958, and has resulted in many improvement programs. The bureau has continued to provide assistance to local personnel in regard to equipment, facilities, and operation.

Considerable time was spent during the year relative to food facilities in public tourist areas. This has been particularly important since these facilities serve large populations for short periods, making initial considerations paramount. In particular, the Falcon Lake development received attention.

General: In all food work an attempt has been made to provide operators with an understanding of why controls are exercised, and why care must be taken in the handling of perishable foods. It has been felt that this type of approach will lead to better long term food safety, and more respect for adopted legislation. The general consuming public are desirous of obtaining more information of food control, and queries are answered each year.

During 1958 bureau personnel assisted in demonstrations, and talks at schools, participated in lectures to school teachers, and university classes, and continued to provide approximately five hundred small bacteriological kits to Grade IX Science classes throughout Manitoba on request. It is considered that projects of this nature are very effective in providing an introduction to bacteriology, and in conjunction with related studies, in providing a better understanding of food control.

Health Education has been continued in food and milk control in co-operation with the Bureau of Health Education. A stock of publications and pamphlets have been maintained; requests for information from local health authorities, industry and the general public have been met; meetings with various groups - government, consumers, industry and others have been part of the bureau activity.

Acknowledgments: It is recorded that the bureau has maintained co-operation with many agencies, governmental, and others during 1958. The operation of advisory and consultant services would be difficult, if not impossible without such co-operation. In particular, mention is made of:- the Provincial Laboratories, the University of Manitoba, the Federal Food and Drug Laboratories, and the City of Winnipeg Health Department.

The placement of a full time Food Consultant in December, 1958, has materially assisted operations. The Bureau Staff have, at all times, attempted to carry out their duties in a diligent and intelligent manner in accordance with the terms of reference.

INDUSTRIAL HYGIENE

Director - HUGH MALCOLMSON, M. D. D. P. H.

Herewith is submitted the report of the Bureau of Industrial Hygiene for the calendar year 1958. It records the activities of four persons, a Physician-Director, two Chemists and a Laboratory Technician, each of whom devotes part of his time to the work of the bureau. One of the Chemists is provided under Federal Health Grant and works principally in the field of Air Pollution. The remaining time of the bureau staff is taken up with activities related to the section - water and sewage analysis, stream pollution, Jamieson kits, etcetera.

All the regular services of the bureau have been maintained during the year with the pattern of requests for assistance much the same.

One Engineering Aid from the Bureau of Public Health Engineering is working full-time in the laboratory principally on water analysis.

Examination Of Men In Prescribed Occupations

Industries where there is a recognized health hazard from the inhalation of Silica Dust may, under The Public Health Act Regulations, be declared "prescribed" by the Minister of Health and Public Welfare. All workers in prescribed occupations are obliged to hold a "Subsisting Licence" which is reissued annually on the basis of a satisfactory chest X-ray. Because the disability arising from Silica Dust exposure does not usually become apparent until at least 15-20 years after exposure, the responsibility of maintaining files of annual chest films on exposed workers becomes a heavy one. The issuance of licences and the maintenance of the X-ray files is carried out by this office. The Workmen's Compensation Board which acts as the insurance carrier pays for the annual X-ray surveys.

(1) Miners: Visits were made to Bissett, Lynn Lake and Thompson during 1958. The examinations at Flin Flon continue to be made by local Physicians and a visiting Radiologist on a year round basis. The development work at the International Nickel Company's new mine at Thompson is being carried out by a Quebec-based contractor. It has been necessary to watch carefully the flow of old miners from the East into this project. The problem of actual or developing Silicosis in Manitoba's dust-exposed workers is very small. Due primarily to the success of modern dust control techniques, the general picture, after 22 annual surveys, shows continued improvement year by year.

Table 1: Summary of Silicosis Survey - Manitoba 1958 - (Miners)

	New Miners Examined	Old Miners Examined	Total Miners Examined	No. of Certs. Issued	No. of Certs. Refused
<u>Mines</u>					
H. B. M. & S. (Flin Flon).....	153	1211	1364	1364	-
Forsberg	9	10	19	19	-
Sherritt Gordon (Lynn Lake) ..	110	204	314	314	-
Thompson	132	36	168	168	-
San Antonio	54	111	165	165	-
Total.....	458	1572	2030	2030	-

(2) Foundrymen: During 1958 the 15th annual chest X-ray survey of foundrymen was completed. Whereas only a few hardrock miners continue their exposure after the age of 50, Foundrymen work on to and past the age of normal retirement. The extra 15-20 years of exposure plus the relatively high incidence of disabling chronic chest conditions seen in persons of all walks of life after 60 contribute to make the continuous annual review of this group important. One of the larger units in the Foundry group became affiliates of an American group which operates an outstanding employee medical plan. A visit from their Medical Director and Industrial Hygienist, during the year, was particularly helpful.

Table II: Summary Of Silicosis Survey - Manitoba 1958 - (Foundrymen)

Foundries	New Men Examined	Old Men Examined	Total Men Examined	No. of Certs. Issued	No. of Certs. Refused
Anthes	29	176	205	205	-
Bay Bronze.....	-	5	5	5	-
Bell's	6	30	36	36	-
C. P. R.	2	10	12	12	-
Canada Iron	15	122	137	137	-
Dominion Foundry	22	63	85	85	-
Manitoba Bridge	-	33	33	33	-
Manitoba Steel	11	144	155	155	-
Monarch	-	31	31	31	-
Osborne	2	2	4	4	-
Northwestern Brass	1	30	31	31	-
Petersons	2	1	3	3	-
Strong-Scott	-	10	10	10	-
Thor.....	2	3	5	5	-
Winnipeg Brass	-	16	16	16	-
TOTAL...	92	676	768	768	-

Surveys and Consultations: A synopsis of industrial consultations and plant surveys is given in Tables III and IV. Many of these are initiated by inspectors of the Department of Labor or Local Health Departments. A large back-log of Industrial Hygiene problems has developed as only those of urgent concern can be investigated at present.

Laboratory and Field Determinations: In Table V are tabulated the individual tests and determinations carried out by the laboratory staff. The acquisition of some modern equipment such as a Flame Photometer and some time-saving devices developed locally helped in completing the large number recorded. The bureau chemist is charged with monitoring all fluoridation of municipal water supplies. With more Communities carrying on a fluoridation program in 1958 this responsibility has become increasingly important.

In the field of Air Pollution the Greater Winnipeg dustfall survey is continuing with the addition of ash content determinations to the routine tests. It is planned to continue all 30 sampling stations in Greater Winnipeg to the end of 1959, giving a complete 2 year cycle, then to reduce the number of stations. This will be necessary as the increasing number of local problems is taking up the available staff time. On April 3rd we started continuous smoke sampling in the residential area.

This compliments similar sampling already being done in the downtown area. A recorder for hydrogen sulphide has been acquired and will be used to assess the "paint-darkening" potential of some of our air contaminants.

A request was received for pollen count information in the province. This is not being done in Manitoba but present interest does not warrant doing counts on a routine basis.

Mr. A. Reigert of the Saskatchewan Division of Industrial Hygiene, spent two weeks of an orientation course with our bureau. Consultations with members of the Radiation Division, Department of National Health and Welfare were helpful in clearing up some problems related to radiation hazards in Manitoba, however, some significant areas of concern remain.

In 1960 it is planned to move the laboratory to larger and more modern facilities in the new Government Administration Building. The detailed planning of this will be a major activity of the coming year.

Table III - Consultations on Industrial Hygiene - 1958

Industry	No. of Units	Nature of Consultation
Aircraft	1	Substitute solvents
Architects	1	Garage ventilation
Automotive	1	Carbon Monoxide
Canadian Assoc. of Consumers	1	Labelling of poisons
Entertainment	1	Film cleaning
Governmental	10	Arsenic dust, respirators, refrigerant gases, sewer hazards, Cleaners, acids, bedding, dust, paints, wood preserving, air pollution, radiation, sodium metasilicate.
Grain and Seed.....	1	Air Pollution
Hospital	1	Odor Control
Light Manufacturing	6	Respirators, fiberglass, welding, degreasing, lead.
Mining	1	Blood lead tests
Packing House	1	Temperature and humidity
Painting	2	Dermatitis, putty mfging.
Paper	1	Felt manufacturer
Printing	1	Carbon Tetrachloride
Retail	1	Flame proof fabrics
University.....	2	Xylene, disposal of radioactive wastes.
Utilities.....	2	Carbon Tetrachloride, sewage safety equipment.
Ventilating	<u>1</u>	Welding fumes
TOTAL	35	

Table IV - Plant Surveys and Visits - 1958

Industry	No. of Visits	Occupational Hazards Investigated
Aircraft.....	1	Chronic acid mists
Army.....	1	Radiation
Foundry-general.....	2	Radiation, dust
- x-ray survey.....	12	-
Grain.....	1	Dust, ventilation
Gypsum.....	2	Dust
Heavy manufacturing	3	Acetylene, dermatitis, radioactive isotopes
Insecticide	1	Mercury
Light Manufacturing	7	Ventilation, trichlorethylene, spray painting.
Paper	4	Formaldehyde
Police	2	Lead, carbon monoxide
Printing	5	Ventilation, carbon monoxide, radiation, lead.
Private dwelling	1	Sulfur dioxide
Sand	1	Silica dust
Tannery.....	1	Perchloroethylene, Carbon monoxide.

Table V - Laboratory and Field Determinations - 1958

Analyses and TestsIndustrial Hygiene -

Stippled Cell Counts.....	962	
Urinary Coproporphyrin.....	350	
Ventilation.....	136	
Dust counts	51	
Halogenated solvents.....	82	
Lead in air	20	
Urinary lead	10	
Radiation	15	
Carbon Monoxide	14	
Formaldehyde.....	12	
Urinary arsenic	6	
Solvents	8	
Silica	6	
Chromic Acid	9	
Cotton	29	
Carbon tetrachloride.....	19	.... 1729

Air Pollution -

Dustfall - Insoluble	789	
Soluble.....	753	
Ash.....	1132	
pH	115	
Sulfate	14	
Clay.....	10	.... 2813

(Table V - cont'd.)

Water and Sewage -

Mineral analyses	2703		
Fluorides	514		
Biochemical Oxygen demand	125		
Sodium Silicofluoride	5		
Soil chlorides	9		
Phenol	2		
Microscopic examinations	13		
Industrial wastes	11		
Oil	3	....	3385
TOTAL			<u>7927</u>

In addition testing is done on a continuous basis for smoke, sulfur dioxide and hydrogen sulfide in air.

Dustfall Results: The range of results obtained indicate that the overall level of pollution in the city and province is not great but could be better. Some local peculiarities are apparent such as the beneficial effect of a snow covering on the land. The contribution of dust from the prairie soil to urban pollution is significant. Here are average results for the first 12 months of the survey given in tons per square mile per month:-

	12 months Average	Monthly Maximum	Monthly Minimum
Greater Winnipeg Area	49.4	70.2 (June /57)	33.1 (Feb./58)
Winnipeg Residential	33.8	46.8 (Apr./57)	22.0 (Nov./57)
Winnipeg Central Business	78.9	184.3 (Apr./57)	43.9 (July/57)
Winnipeg Heavy Industrial	69.3	96.0 (June/57)	28.5 (Nov./57)
Rural Control Station	26.5	52.5 (Mar./57)	5.2 (Nov./57)
Toronto-yearly average 1956	50.2	-	-
Windsor-yearly average 1955	55.4	-	-
Cincinnati-yearly average 1946	41.6	-	-
Detroit-yearly average 1956	67.0	-	-

The averages for each month for Greater Winnipeg reflect the changing seasons:

April / 57	55.8	October	40.8
May	50.1	November	22.3
June	57.3	December	29.2
July	46.8	January / 58	27.7
August	54.5	February	27.0
September	40.7	March	31.8

Supplementary Laboratory Activities

- Preparation and distribution of Jamieson Kit supplies to local health units, schools, etcetera, (489 School Kits);
- Sterilization of needles, syringes, etcetera, for Public Health Nursing Division for immunization program;

- Lectures and demonstrations on Industrial Hygiene to:	
Safety Course - (Evening Institute)	
Student Inspectors - M. T.I.	
Medical Students	
- Lectures and Demonstrations on Water and Sewage Treatment to:	
Water and Sewage Plant Operators Courses	
Student Inspectors - M. T.I.	
- <u>Consultations on Water Supply Problems:</u> Subject of consultation: Municipal	
Water Supplies	
	- routine..... 30
	- iron 10
	- proposed..... 10
	- fluoridation 12
Mineral content (incl. hardness).....	77
Laxative affect.....	4
Affect on Children - general	2
- nitrate	5
Fluorides	2
Industrial Water Supplies	25
Softening and Clarification	23
Taste and odor.....	22
Livestock feeding	19
Corrosion	6
Sewage and Industrial Wastes	12
School water supplies.....	5
Sodium	6

SANITARY INSPECTORS

Senior Sanitary Inspector - M. FLATTERY

Submitted herewith is the annual report on the activities of the Sanitary Inspectors of the Section of Environmental Sanitation covering the calendar year ending December 31, 1958.

Program: The work of each inspector is governed to a large degree by the activities of local councils, school boards and other public agencies. Our inspectors co-operate with part-time medical officers of health who are usually busy practising physicians. Because few of these medical officers of health can allot much time to public health duties, they rely upon the ability of the inspector to gain results on their behalf. Some municipalities are more public health conscious than others. As a direct result some communities demand and receive considerably more service from our department than other communities in the same area.

Although the work of the inspectors in this section is of a general character, nevertheless we have found specialization in certain fields can produce excellent results. This is evidenced in particular from the reports of our Consultant on bedding and upholstery.

Bedding and Upholstery: Effective January 1, 1958, our Regulations under The Public Health Act required all bedding and upholstered furniture to be labelled. These labels indicate the color of the materials or whether the articles are being renovated or second hand. Our consultant reports a province-wide support by the manufacturers and distributors. Close supervision of the manufacturing processes, routine plant inspections along with frequent inspections of articles offered for sale in stores have produced gratifying results. As of December, 1958, there are 181 establishments in Manitoba registered with the department. These premises have been visited, the processing kept under close surveillance resulting in permission being granted to use an approved label.

Institutions for the Aged and Infirm: The rapidly increasing number of older people is drawing attention to the problem of providing satisfactory housing. In this province there are about 1,700 elderly people in institutions or homes licensed by the department or operating under a municipal licence. They are housed in about 40 buildings, the majority of which were not originally constructed or designed for this particular purpose. It is difficult to determine satisfactory standards that can be applied to the different kinds of care required by older people. We have found the existing homes to be operated by kindly, interested persons; the housekeeping generally excellent and the inmates contented. Old people, however, are extremely sensitive to environmental factors. We feel and try to stress that larger windows, terraces, more recreational space is desirable and conducive to their well being.

Water Supplies: The usual routine checks have been made of all municipal water supplies. Samples of water were collected regularly for purpose of bacterial analyses; where necessary appropriate action has been taken.

The sanitary inspectors work in close co-operation with the public health engineers in regard to safety of water supplies. A detailed account of municipal water systems is contained in the report of the Bureau of Public Health Engineering.

An improvement in the economy of small towns following the installation of municipal waterworks has been experienced in the South-western part of the province. The inspector reports the main feature of the progress appears to be in local industries although many new homes are being constructed. New industries such as feed mills, seed cleaning plants, poultry killing, chicken and turkey hatcheries have been established. Enquiries are being received from other industries which demand dependable supplies of water to carry out proper operations. These all add to the general prosperity and well-being of the community.

Table I: Water Supplies

	Office Interviews	Field Inspections
Wells	72	264
Surface Waters	8	31
Municipal Supplies	32	123
Chlorinating Appliances	11	68
Samples - Bacteriological.....	38	428
Samples - Chemical	22	33
Field Tests - Nitrate	43	37
Field Tests - O. T.	7	78
Field Tests - Other Sources.....	-	14

Plumbing and Drainage: Our records indicate in 1958 more homes outside Greater Winnipeg had new plumbing systems installed than in any previous year. In the parts of the province covered by the inspectors of this section there are now 15 small towns and villages that operate municipal sewerage systems constructed in recent years. The residents of these communities welcomed the opportunity to modernize their homes. This is amply demonstrated by the number of sewer connections. The Town of Morden has had 60 new connections, Winkler in two years installed 185, Manitou started operations in January, 1958 and already has 126 connections. The residents of Melita, Russell, Boissevain, Morris and Glenboro were equally responsive. In addition to the plumbing permits issued by the municipalities this section authorized the issuance of 414 permits.

The number of septic tanks and disposal fields installed was similar to previous years. There was an increase in Kirkfield Park and in the area immediately adjacent to Brandon but this was offset by a decrease in the number installed in rural areas. We have had remarkably few failures or complaints about the operation of domestic septic tanks and fields. Provided there is sufficient land available, this type of sewage treatment will perform satisfactorily for years. With larger installations, however, the story is different. Whenever the amount of liquid wastes is in excess of 1,000 gallons per day, the sub-surface disposal field or the above ground filter methods of disposal appear to be unsatisfactory. Some other method must be found and we are currently observing the operation of small sewage lagoons installed at a senior citizens' home, a poultry killing plant and an animal slaughterhouse. The sewage lagoons operated as part of municipal systems are with one exception giving satisfactory service. The following table indicates the large volume of work necessary in this field.

Table II - Sewage Disposal - Waste Disposal and Plumbing

	Office <u>Interviews</u>	Field <u>Inspections</u>
Plumbing Systems	158	512
Septic Tanks and Disposal Fields	131	395
Proposed Plumbing and Drainage	139	307
Modified Septic Tank Systems.....	11	38
Proposed Modified Systems	15	14
Municipal Treatment Plant	2	58
Proposed Municipal Sewage Systems.....	34	46
Private Sewage Disposal Systems	44	119
Sewage Lagoons	3	13

Food Control: The continued improvement in the sanitary environment of eating establishments is very evident throughout the province. Some of this improvement can be attributed to the competitive conditions prevailing in this industry . There has been a notable increase in the construction of coffee bars in conjunction with service stations, well designed cafes as part of motels and the new liquor-licensed establishments. The older restaurants have modernized their premises to meet this competition. This is especially noticeable in the towns served with sewer and water systems. This has been a source of encouragement to our staff. The operators have sought advice and any recommendations have been acted upon with greater promptitude than in the past. The majority of the eating establishments are now operated under a local permit.

It would appear that the facilities offered by frozen food locker plants have become less attractive to the public. This is difficult to account for unless it can be attributed to an increase in the role of home freezers coupled with the sales appeal of frozen foods sold in retail stores.

One of the most satisfactory activities of the inspectors has been the supervision of milk production and milk processing. Largely because of the excellent relationship between our staff and the management of the milk plants, a consistently high standard has been maintained. The inspection of pasteurizing equipment and the regular sampling of the milk has been a very effective program.

Food and Milk Control:

	<u>Field Inspections</u>
Fluid Milk Plants.....	153
Milk Producers	100
Resazurin Tests	269
Eating Establishments	648
Frozen Food Locker Plants.....	150
Slaughterhouses	81
Retail Food Stores	44
Bakeries	108
Poultry Processing Plants and Hatcheries	11

General Sanitation

The continued improvement in the sanitary conditions prevailing in small communities has been very noticeable in the past year. The greater degree of public interest in sanitation is evidence by new zoning by-laws and requests for

information or assistance. The keeping of animals or the establishment of offensive trades are very difficult to control in villages that are not incorporated. The residents have to rely upon the efforts of the sanitary inspector who can only use Regulations relating to the particular problem. In some instances he finds there are no regulations covering the situation. He can only revert to persuasion to achieve his object. It is because of these incidents that the Regulations are under continual review and are amended to meet changing times and conditions.

In the last ten years this office has reviewed all divisions in Parts III, IV and V of the Regulations under The Public Health Act. Several committees have been formed to make recommendations to the Provincial Board of Health. As a consequence 23 divisions have been rewritten and gazetted. Five divisions have been reviewed by the Board of Health and are now awaiting the necessary order-in-council. We hope to amend the remaining three divisions in the coming year so as to complete this assignment.

Although a completely routine program has not been entirely possible, the staff has inspected tourist camps, schools, wood cutting camps and other premises to observe and better the sanitary conditions and to assist the operators to maintain good standards. The variety of activities is shown in Table IV.

Table IV - Sanitation of Premises

	<u>Field Inspections</u>
Tourist Camps.....	31
Summer Camps.....	31
Wood Cutting Camps.....	6
Hotels	157
Hospital Sites	21
Schools	100
Apartments	1
Complaints	145
Institutions	16
Banquet Halls and Legions	37
Motels and Trailer Courts	48
Service Stations.....	8
Community Rat Control Effort.....	24
Insect Eradication	14
Stored Food Insect Control.....	12
Public Addresses	23
Swimming Pools and Bathing Beaches	54
Public Rest Rooms.....	84
Nuisance Grounds	68

Whiteshell: In the early summer we again posted an inspector at Falcon Lake to advise and assist the summer residents. The rapid expansion of the townsite, the provision for campers and the construction of a trailer court encouraged many people to this popular resort. There were numerous requests for information on the installation of plumbing facilities. In temporary residences some modification in the design of plumbing was permitted provided there was no hazard to the public. The nature of the terrain throughout the Whiteshell conditions the methods of waste disposal. Consequently individual attention is necessary to ensure wastes are disposed of safely.

Careful supervision of the water supply is essential in an area that has many shallow wells and a large transient population. The inspector arranged for frequent sampling of the sources of drinking water and routine chlorination of wells was instituted.

SECTION OF PREVENTIVE MEDICAL SERVICES

Director - R. M. CREIGHTON, M.D., D. P. H.

Submitted herewith is the report of the Section of Preventive Medical Services for the year 1958.

Attached are the reports of Venereal Disease Control, Central Tuberculosis Registry, and Maternal and Child Hygiene: All of which have been submitted by the respective directors.

Table No. 1 shows by comparison the cases, deaths and death rates per 100,000 population from communicable diseases and cancer for the years 1957 and 1958. In carrying out this comparison one should remember that the figures for 1957 are final whereas the case figures for 1958 are preliminary only and the death figures for 1958 are for the first eleven months of the year. In next year's report the 1958 statistics will be revised.

The communicable diseases report for the province parallels very closely that which has been occurring in the past few years with the exception of the influenza epidemic of last year. The exceptions for this year were the poliomyelitis epidemic, diarrhoea and enteritis under one year and bacillary dysentery. The total cases in 1958 were 8,519 as compared with 36,603 during 1957: Of which practically 29,000 were influenza.

Poliomyelitis: The year showed the highest incidence of this disease since 1954. Manitoba has always been an endemic area for poliomyelitis but 1958 was an epidemic year, with our province having over fifty percent of the cases in Canada. During the year there were 148 cases reported with 106 being paralytic and 42 non-paralytic. The City of Winnipeg reported 76 cases while the suburbs and the remainder of the province had 72. Table No. 2 shows the poliomyelitis cases for 1958 by age and sex. As to the degree of paralysis - 19 had mild paralysis, 35 had a moderate type, while 52 showed severe paralysis.

Six paralytic cases had been given the full three doses of poliomyelitis vaccine, but it must be remembered that at no time has Dr. Salk claimed the vaccine to be one hundred percent effective, in fact his results show that vaccination gives about seventy-five percent immunity to Type I virus and ninety percent immunity to Types II and III. Any one of these three types can cause the disease and unfortunately all cases in Manitoba were caused by Type I virus. Four of these six cases showed slight to moderate paralysis, one has a marked paralysis in the legs, while the sixth only shows a slight weakness rather than a definite paralysis.

There were ten deaths from poliomyelitis during the epidemic but none of these had been fully vaccinated, although two had received two doses. In addition to the above deaths, a Manitoba resident who contacted the disease while in Winnipeg, died from poliomyelitis in an Ontario hospital and, like the others, had not been vaccinated.

During the early part of 1958 poliomyelitis vaccine was given to students in grades eleven and twelve, thus completing the school population. In July the Government of Manitoba offered free poliomyelitis vaccine to adults up to the age of forty years and since that time the Department of Health and Public Welfare has given out 389,860 doses. This means a large percentage of our adults in the above age group have received one or two doses and will be getting their third doses before the next poliomyelitis season.

Diphtheria: The number of cases is considerably lower than in 1957, with nine having occurred during the year as against 28 the previous year. Four of the cases were in the City of Winnipeg with the remaining five in rural Manitoba. Unfortunately two of the cases died. Diphtheria is still a problem.

Bacillary Dysentery: Twice as many cases were reported in 1958 as in 1957, due to outbreaks of this illness in Brandon, Lac du Bonnet, Fort Alexander and Churchill. The necessary investigations were carried out.

Diarrhoea and Enteritis Under One Year: An outbreak of this disease occurred among infants in and around Churchill and was investigated both by the Department of Health and Public Welfare and Military medical personnel. Deaths in this particular outbreak numbered eight and as a consequence raised the death rate of this disease over that of former years.

Infectious Hepatitis: It is noted that the number of reported cases in 1958 is slightly higher than in 1957 and this increase has been noted over the past few years. It is felt by the department that better and earlier notification is being given due to the free distribution of gamma globulin by the government for familial contacts as a means of prevention.

The same could be said of German Measles, as gamma globulin also is given to pregnant women who have come in contact with the disease.

Psittacosis: This disease, sometimes found in parrots and parakeets and recently discovered in chickens and turkeys, can be transmitted to man. One case was reported in 1958 in a poultry raiser. Two years ago Manitoba had the first case to occur in Canada in the last ten years and has had one case reported each year since then.

Immunization: Distribution of the various types of biologics is shown in table No. 3. In regard to the majority of biologics the distribution has been running approximately the same as in other years. One notable exception is for poliomyelitis vaccine where a much greater amount was distributed in 1958 and was directly due to the government's policy in July of issuing free vaccine to adults forty years of age and under.

The increase in the amount of typhoid paratyphoid vaccine with tetanus toxoid used this year is due to a large program at one of the hospitals for mental diseases and in a new mining area in the north.

The distribution of gamma globulin is about the same as in 1957. So much of this material was being used for poliomyelitis contacts as well as in prevention of German measles in pregnant women that it was found necessary to stop using it for measles in children four years of age and under. This latter disease has become so mild that this policy of not allowing gamma globulin for such contacts will be continued in 1959.

Over the past few years oral insulin has been gaining ground in the control of mild diabetes in patients forty years of age and over. This increased use is shown in our distribution of 470 bottles of the oral preparation in 1958 compared with 23 bottles in 1957.

Rheumatic Fever Program: In the fall of 1957 the Department of Health and Public Welfare entered into an agreement with various municipalities whereby the cost to the government of penicillin used in the prevention of rheumatic fever

would be shared equally between the department and the municipality in which the patient has legal residence. This was done due to the fact that in order to prevent repeated attacks of this crippling disease continued medication is necessary over a period of years and since the buying of this antibiotic has proved to be a hardship to many families. With the municipalities entering into such an agreement it reduces the cost of the medicine for each patient from approximately \$100.00 a year to \$10.00. Under the program no one is accepted unless the application comes from the attending physician: And with this program no child in Manitoba suffering from rheumatic fever need go without prophylactic treatment. At the present time there are 535 patients with this disease receiving free penicillin tablets and during 1958 1,147 bottles of one hundred tablets had been distributed under this scheme.

Tuberculosis: A decrease in cases is again seen this year as there has been for the last several years. These figures are less than those shown by the Central Tuberculosis Registry due to the fact that since Manitoba has no Eskimos, other than a few working around Churchill, we do not include them in our table whereas the Registry does so and also includes Indians from the Northwest Territories. Attached is the report of the Central Tuberculosis Registry as prepared by the registrar.

Cancer: A slight increase is noted in the number of cases during 1958 as against 1957, but it is felt this is due to a survey being conducted by The Manitoba Cancer Treatment and Research Foundation with the practising physicians of the province.

Venereal Diseases: Attached is a report of this bureau as prepared by Director of Venereal Diseases Control.

Maternal and Child Hygiene: Attached is a report of this bureau prepared by the director.

Medical Services: Medical care to residents of unorganized territory remains a problem as some of these people live many miles away from an established medical practice. It has been possible in certain areas to arrange with a physician, located in or near unorganized territory, for part-time service to these residents. This agreement authorizes the payment of a retaining fee for medical services as well as for carrying out public health services.

Emergency Transportation

This is necessary to bring indigent persons who are a provincial responsibility to a hospital or a doctor's office for medical care, and may call for one of many types of transportation: Ambulance, car, aeroplane, train or boat. This service has frequently provided a life-saving measure and also has proved less costly than a permanent air ambulance service. During the year 274 patients were transported at a cost of \$6,410.59.

Much of the success in carrying out the work of this section has been due to the co-operation received from the medical profession of the province and is gratefully acknowledged. To the part-time health officers we extend our thanks for the work carried out during 1958.

Table 1 - Cases and Deaths - Communicable Diseases and Cancer - Manitoba - 1957 and *1958

	Total Cases		Indian Cases		Indian Deaths		Total Deaths		Death rates per 100,000 population	
	1957	*1958	1957	*1958	1957	*1958	1957	*1958	1957	*1958
Anterior Poliomyelitis	9	148	0	11	0	2	**2	10	0.2	1.2
Chickenpox	1,005	985	30	35	1	0	4	3	0.4	0.3
Diphtheria	28	9	0	0	0	0	2	2	0.2	0.2
Dysentery - Amoebic	0	0	0	0	0	0	0	0	0.0	0.0
- Bacillary	59	124	9	10	0	2	0	3	0.0	0.3
Diarrhoea and Enteritis	218	378	46	119	26	25	48	51	5.6	5.9
under one year										
Epidemic Encephalitis	8	5	0	0	0	0	1	2	0.1	0.2
Erysipelas	13	15	0	0	0	0	0	1	0.0	0.1
Influenza	28,950	223	1,167	39	18	2	93	20	10.9	2.3
Infectious Hepatitis	615	736	13	55	1	0	5	6	0.6	0.7
Measles	4,056	2,345	88	245	2	3	10	5	1.2	0.6
German Measles	214	667	0	0	0	0	1	0	0.1	0.0
Meningitis, Meningococcal	21	32	2	1	0	0	4	7	0.4	0.8
Mumps	590	1,314	41	46	0	0	0	0	0.0	0.0
Ophthalmia Neonatorum	0	1	0	0	0	0	0	0	0.0	0.0
Psittacosis	1	1	0	0	0	0	0	0	0.1	0.0
Puerperal Fever	0	1	0	0	0	0	0	1	0.0	0.1
Scarlet Fever	121	875	1	0	0	0	0	0	0.0	0.0
Septic Sore Throat	17	16	3	2	0	0	1	0	0.1	0.0
Smallpox	0	0	0	0	0	0	0	0	0.0	0.0
Tetanus	1	2	0	1	0	0	0	0	0.0	0.0
Trachoma	1	0	0	0	0	0	0	0	0.0	0.0
Tuberculosis	533	465	179	115	24	7	76	40	8.9	4.7
Tularemia	0	0	0	0	0	0	0	0	0.0	0.0
Typhoid Fever	3	2	0	1	0	0	0	1	0.0	0.1
Paratyphoid Fever	0	0	0	0	0	0	0	0	0.0	0.0
Undulant Fever	11	14	0	1	0	0	0	0	0.0	0.0
Whooping Cough	129	161	3	2	1	1	2	2	0.2	0.2
TOTALS	36,603	8,519	1,582	683	73	42	249	154	29.3	18.1
Cancer	2,289	2,600			6	14	1,097	1,049	129.1	123.1

*1958 cases preliminary only - deaths for the first eleven months only

**1957 poliomyelitis deaths in cases from former years

Population used for 1957 - 850,040

Population used for 1958 - 850,040

Table 2 - Poliomyelitis cases - Province of Manitoba
For Year 1958
By age and sex

Paralytic Cases

Sex	Under 1 yr.	1 - 4	5 - 9	10-14	15-19	20-24	25-29	30-34	35-39	40-49	50-59	60	Total
Male	6	20	9	3		7	8	8	1	1		1	64
Female	3	13	5		2	5	8	3	2		1		42
Total	9	33	14	3	2	12	16	11	3	1	1	1	106

Non-Paralytic Cases

Male	2	6	6	3	2	2	1	1					23
Female		5	3	1		2	6	1			1		19
Total	2	11	9	4	2	4	7	2			1		42

Table 3 - Biologics Distributed Free in Manitoba

Material	1957 and 1958	
	1957	1958
Diphtheria Toxoid	2,316 cc.	1,896 cc.
Diphtheria Toxoid and Tetanus Toxoid Combined	25,986 cc.	23,040 cc.
Diphtheria Toxoid and Pertussis Vaccine Combined	594 cc.	276 cc.
Diphtheria Toxoid, Pertussis Vaccine and Tetanus Toxoid Combined	77,195 cc.	72,221 cc.
Gamma Globulin	12,310 cc.	11,214 cc.
Pertussis Vaccine	291 cc.	279 cc.
Salk Poliomyelitis Vaccine	308,033 cc.	485,930 cc.
Tetanus Toxoid	2,478 cc.	4,308 cc.
Tetanus Toxoid and Typhoid paratyphoid Vaccine combined	2,953 cc.	15,062 cc.
Typhoid paratyphoid Vaccine	6,701 cc.	3,248 cc.
Smallpox Vaccine (Points)	69,514	67,768
Schick Test (25 person packages)	344	549
Tuberculin Patch Tests	854	1,137
Diphtheria Antitoxin - Prophylactic pkgs.	130	58
Treatment pkgs.	159	37
Tetanus Antitoxin - Prophylactic pkgs.	6,357	6,435
Treatment pkgs.	79	59
Scarlet Fever Antitoxin - Prophylactic pkgs. ..	--	6
Treatment pkgs.	3	6
Silver Nitrate Capsules - tins	477	4,729
1 oz. bottles	55	--

Insulin Distributed in 1958

Units	Zinc Crystals		Prot. Zinc		NPH		Globin		Lente		Bottles of 50 Oral insulin
	400	800	400	800	400	800	400	800	400	800	
Packages	1915	624	5140	1344	2033	1481	304	248	335	480	470

Total number of persons in Manitoba receiving insulin, all, or part of, 1958-474

Besides the above number of patients receiving insulin, hospitals in the province also procured this material through the department for administration to indigent patients while in hospital.

Penicillin and Sulfadiazine tablets distributed in 1958 under our Rheumatic Fever Prevention Program - 1,147 bottles of 100 tablets.

Number of persons in Manitoba receiving these tablets during 1958: 535

CENTRAL TUBERCULOSIS REGISTRY

Registrar - MISS JANET M. SMITH, R. N. P.H.N.

The following is the statistical report on tuberculosis from the Central Tuberculosis Registry for the twelve-month period from January 1st to December 31st, 1958. For purposes of comparison the figures are also shown for the previous year. The figures for 1958 are only preliminary and may be altered to some extent but those for 1957 are final:

Table I - Central Tuberculosis Registry

	1957 - Reported as:				1958 Reported as:			
	Treaty* Eski-				Treaty* Eski-			
	Whites	Indians	mos	Total	Whites	Indians	mos	Total
Total tuberculous patients carried in Registry File Dec.31st. . .	3,017	1,241	362	4,620	2,754	1,204	402	4,360
Re-infection type	2,938	1,178	321	4,437	2,659	1,135	339	4,133
Primary type	79	63	41	183	95	69	63	227
New cases of tuberculosis diagnosed in Manitoba	364	175		539	340	142		482
Re-infection type	330	153		483	313	126		439
Primary type	34	22		56	27	16		43
Of these, the no. of active cases .	239	118		357	239	92		331
No. admitted to Sanatoria	198	104		302	166	80		246
No. of new diagnoses counted upon notification of death	11	4		15	6	2		8

*Treaty Indians and Eskimos are wards of the Dominion Government

Table II - Classification of New Active Tuberculosis

By Extent of Disease	1957			1958		
	Whites	Indians	Total	Whites	Indians	Total
Primary tuberculosis	34	22	56	27	16	43
Minimal tuberculosis	60	30	90	53	32	85
Moderately advanced tuberculosis	47	13	60	39	15	54
Far advanced tuberculosis	47	23	70	40	9	49
Pulmonary tuberculosis, extent not stated	8	2	10	5	1	6
Tuberculous pleurisy	17	9	26	20	5	25
Non-pulmonary tuberculosis	26	19	45	55	14	69
Total	239	118	357	239	92	331

Table III - Clinics and Surveys

	1957		Eski-		1958		Eski-	
	Whites	Indians			Whites	Indians		
Total Examinations at Clinics and Surveys	187,812	15,490	700	204,002	141,868	16,081	818	158,767
New diagnosis of tuberculosis ..	248	82		330	181	69		250
Old tuberculous patients reviewed	4,380	1,174		5,554	4,025	1,086		5,111
Contacts examined at clinics ...	4,995	77		5,072	4,335	47		4,382

Table IV - Institutional Statistics

	1957				1958			
	Whites	Treaty Indians	Eski-mos	Total	Whites	Treaty Indians	Eski-mos	Total
Patients in Sanatoria as at								
December 31st	438	298	204	940	379	273	147	799
Number of patients admitted to								
Sanatoria	722	382	140	1,244	667	401	131	1,199
Of these, the number found to be								
tuberculous	550	259	69	878	507	223	58	788
First Admissions:								
Primary type of tuberculosis	27	22	10	59	14	14	20	48
Minimal pulmonary tuberculosis ..	61	43	22	126	55	36	18	109
Moderately advanced pulmonary								
tuberculosis	62	22	8	92	52	27	7	86
Far advanced pulmonary tuberculosis	54	31	4	89	44	7	4	55
Tuberculosis pleurisy	16	9	3	28	23	5	-	28
Non-pulmonary tuberculosis	27	18	8	53	36	18	-	54
Total	247	145	55	447	224	107	49	380
Re-admissions:								
Primary type of tuberculosis	1	1	2	4	3	2	2	7
Minimal pulmonary tuberculosis ..	21	39	5	65	31	32	4	67
Moderately advanced pulmonary								
tuberculosis	39	21	2	62	46	22	2	70
Far advanced pulmonary tuberculosis	70	21	3	94	50	10	-	60
Tuberculous pleurisy	4	-	1	5	4	2	-	6
Non-pulmonary tuberculosis	17	10	1	28	17	12	-	29
Total	152	92	14	258	151	80	8	239
Number of patients admitted for								
review	151	22	-	173	132	36	1	169
Number of tuberculous patients								
transferred	227	142	83	452	183	140	51	374
Number of patients discharged from								
Sanatoria	791	374	136	1,301	744	431	182	1,357
Of these, number of tuberculous								
patients discharged	618	264	85	967	562	252	109	923
Discharged with inactive tuberculosis	35	97	38	170	208	176	103	487
Discharged with arrested								
tuberculosis	272	108	41	421	-	-	-	-
Discharged with active improved								
tuberculosis	110	17	2	129	176	27	3	206
Discharged with active unimproved								
tuberculosis	16	3	-	19	28	8	2	38
Discharged dead	35	18	4	57	23	6	-	29
Total	468	243	85	796	435	217	108	760
Discharged after review	150	21	-	171	127	35	1	163
Number discharged against medi-								
cal advice	44	12	-	57	46	27	-	73

VENEREAL DISEASE CONTROL

Acting Director - K. J. BACKMAN, M. D.

Submitted herewith is the Annual Report of the Bureau of Venereal Disease Control for the year ending December 31st, 1958.

Notifications of the Venereal Disease: During 1958 the number of cases of venereal disease reported in the province was 1,420 made up of 58 cases of syphilis and 1,362 gonorrhoea cases. (See Tables I, II and III).

The decline of syphilis continues. A total of fifty-eight cases this year is by far the lowest ever reported. The incidence of early syphilis (primary and secondary) also shows a decline. In 1958 - 73,500 blood specimens were examined serologically for syphilis.

The Morality Department referred 129 women for examination of whom 37 were found to be suffering from Gonorrhoea. No new cases of syphilis were discovered. There was one congenital syphilis reported, an infant born to an immigrant mother.

Gonorrhoea: As already stated, 1,362 cases were reported to the bureau during 1958, an increase of 136 over the previous year. One epidemic at Cross Lake accounted for 48 cases. For the past ten years there have been annual fluctuations of 100 to 200 cases reported.

Epidemiology: Alleged sources and contacts on whom some information, much of it inadequate, numbered 902. Three hundred and ninety-seven cases were discovered and treated for gonorrhoea, 2 for syphilis; 226 were found to be negative and 297 were not located. Of all cases of venereal disease reported 28% were discovered through contact investigation.

Two public health nurses carry out contact investigation in Greater Winnipeg. This is done by local health unit personnel in their respective areas. The rest of the province is taken care of through central office of this bureau.

Education: This bureau co-operates with the Bureau of Health and Welfare Education in supplying educational material for distribution to the general public relating to venereal disease control.

Professional education in the control of venereal diseases is given to medical students through lectures and clinical instruction in the third and fourth years of Medicine: To internes by experience under supervision at the clinic: And to nurses while in training, or following graduation, through lectures in training schools, or through demonstrations at the clinic.

Diagnostic and Treatment Facilities: The Government Clinic at the St. Boniface Hospital Out-Patient Department holds six clinics per week, two of which are evening clinics. Whenever necessary patients are attended to outside of clinic hours.

One of the public health nurses assists in examination and treatment of venereal disease in the three detention homes for girls. Inmates in the women's gaol are treated by the gaol physician and his staff. A similar arrangement is provided in provincial and federal gaols for men.

Specimen and mailing containers and a consultative service is provided to physicians in private practice. Antibiotics, mostly penicillin, are supplied free

of cost to physicians outside of Greater Winnipeg for the treatment of venereal diseases in hospitals. Physicians in rural areas are paid a nominal fee for treatment of venereal disease in indigent patients.

Facilitation Process: No bawdy houses were reported in 1958. Information continues to be forwarded to the chief of police on any condition or place that facilitates the spread of venereal disease and on which we have obtained information. The police consider this information to be of value.

Research: Consistent evaluation of control measures are carried out and improvements made when possible.

The Federal Grant is utilized in full.

Table I - Gonorrhoea and Syphilis - Reported Cases, Adult by Sex and Marital Status, Children by Sex - Manitoba, 1958

Adults (18 years and over)						
Status	Gonorrhoea			Syphilis		
	Male	Female	Total	Male	Female	Total
Married	198	151	349	15	8	23
Single	599	203	802	17	6	23
Widowed	7	7	14	2	2	4
Divorced or separated .	51	71	122	4	3	7
Total	855	432	1,287	38	19	57
Children						
0-17 years . .	17	58	75	1	0	1
Grand Total .	872	490	1,362	39	19	58

Table II - Gonorrhoea and Syphilis - Reported Cases by Age Groups Manitoba 1958

Age Group	Gonorrhoea			% of Total	Syphilis			% of Total
	Male	Female	Total		Male	Female	Total	
Under 1 year . .	0	0	0	0	1	0	1	1.7
1 - 4 years . . .	0	1	1	0.1	0	0	0	0
5 - 8 years . . .	0	2	2	0.2	0	0	0	0
9 - 13 years . .	0	4	4	0.3	0	0	0	0
14 - 17 years .	17	51	68	5.0	0	1	1	1.7
18 - 19 years .	71	69	140	10.3	2	2	4	6.9
20 - 29 years .	515	212	727	53.4	10	3	13	22.4
30 - 39 years .	173	94	267	19.6	12	1	13	22.4
40 - 49 years .	69	43	112	8.2	4	3	7	12.1
50 - 59 years .	20	11	31	2.2	5	3	8	13.8
60 yrs. and over	7	3	10	0.7	5	6	11	19.0
Total	872	490	1,362	100.0	39	19	58	100.0

Table III - Syphilis - Reported Cases, Tabulated According to Type of Syphilis
Manitoba, 1958

Type of Syphilis	Adults - 18 yrs. & over			Children-17 yrs.& under			GRAND TOTAL
	Male	Female	Total	Male	Female	Total	
Primary	7	1	8	0	0	0	8
Secondary	1	1	2	0	0	0	2
Latent	25	12	37	0	1	1	38
Neurosyphilis ...	3	2	5	0	0	0	5
Cardiovascular .	2	1	3	0	0	0	3
Other Tertiary ..	0	0	0	0	0	0	0
Congenital	0	1	1	1	0	1	2
Total	38	18	56	1	1	2	58

Table IV - Gonorrhoea and Syphilis - Reported Cases and Their Incidence Rates
Per 100,000 Population - Manitoba, 1949 to 1958

Year	Gonorrhoea	Incidence Rate		Incidence Rate
		per 100,000	Syphilis	per 100,000
1949	1,426	183	407	52
1950	1,316	165	235	29
1951	1,285	165	170	22
1952	1,291	162	116	14
1953	1,270	157	92	11
1954	1,390	168	92	11
1955	1,215	143	101	12
1956	1,348	158	93	11
1957	1,226	144	94	11
1958	1,362	160	58	6

Table V - Syphilis - Reported Cases, Tabulated as "Primary", "Secondary" and "Other" Syphilis - Manitoba, 1949 to 1958

Type	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Primary	81	13	11	12	11	10	14	12	21	8
Secondary	42	6	9	4	6	11	1	5	9	2
Other	284	216	150	100	75	71	86	76	64	48
Total	407	235	170	116	92	92	101	93	94	58

Table VI - Alleged Contacts to Venereal Disease, Tabulated According to Results of Examination - Manitoba, 1958

Results	Contact Names by:			Total	% of Total
	Armed Services	All Other Sources			
Positive Gonorrhoea	19	378		397	44.0
Positive Syphilis	0	2		2	0.2
Positive Both	0	0		0	0
Negative	14	212		226	25.1
Not Located and Insufficient Information	40	237		277	30.7
Total	73	829		902	100.0

Table VII - Gonorrhoea and Syphilis in Children 14 to 17 Years of Age
Manitoba, 1948 to 1958

Year	1948	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
<u>Gonorrhoea</u>											
Male	12	11	12	13	12	14	16	11	14	7	17
Female	32	23	34	34	31	34	51	44	46	30	51
Total	44	34	46	47	43	48	67	55	60	37	68
<u>Syphilis</u>											
Male	2	1	1	0	0	1	1	0	1	0	1
Female	8	6	3	1	1	1	0	0	0	1	0
Total	10	7	4	1	1	2	1	0	1	1	1
TOTAL V.D. ...	54	41	50	48	44	50	68	55	61	38	69

Manitoba Government Clinic - St. Boniface O.P.D.Number of Patients Cared for - 1958:

	Carried Over from 1957	Admissions 1958	Total
Syphilis	72	16	88
Gonorrhoea	51	548	599
Non-Gonorrhoea Urethritis	20	132	152
Other non-venereal conditions	47	298	345
Normal	53	621	674
Total	243	1,615	1,858

Venereal Disease Clinics - Manitoba, 1958

Detention Home	Winnipeg
Home of Good Shepherd	Winnipeg
Manitoba Home for Girls	Selkirk
Portage Gaol for Women	Portage la Prairie
Provincial Gaol	Headingley
Manitoba Penitentiary	Stony Mountain
St. Boniface Hospital O.P.D.	St. Boniface

Detention Homes and Gaols:

Patients treated in detention homes and gaols were as follows:

Gonorrhoea	175
Syphilis	7
Non-Specific Infection	35
Total	217

MATERNAL AND CHILD HYGIENE

Director - ELLA PETTERS, M.D., M.P.H.

The Bureau of Maternal and Child Hygiene is concerned with improved standards of maternity and newborn care. The following is a brief resume of the activities of the bureau during the calendar year 1958:

Maternal Mortality: During the year 1958, twelve maternal deaths were reported: A maternal mortality rate of 0.6: Of these, six were White, four Treaty Indian and two Eskimo. Toxemia was the cause of death in four cases and haemorrhage accounted for another four. One woman died of septicaemia, one of a pulmonary embolus and two from other conditions: Of the white women who died, one lived in a large city, five in rural communities. The Indian women lived on reserves; one Eskimo woman was resident in the N.W.T. and the other lived in Churchill. Eight deaths occurred in hospital, two in a nursing station and two at home. From information available it would appear that only a few of these women had adequate medical supervision during pregnancy.

Infant Mortality: While final figures on infant deaths are not yet available, the preliminary figures for 1958 indicate a decrease in infant deaths with an Infant Mortality Rate of 28, the lowest achieved to date in Manitoba. A breakdown of births and infant deaths for the white population and Indians (including Metis) reveals an Infant Mortality Rate of 22.4 for white and 106 for Indian babies.

Prematurity has long been considered the largest single cause of death in the first month of life but a study of infant deaths (Manitoba) from 1953 to 1957 inclusive, shows a steady decline in deaths due to "immaturity". Birth injury, on the other hand, has remained fairly constant as a cause of death in the neonatal period. This is illustrated in Table I. More accurate diagnosis as a result of increased post mortem examinations undoubtedly has some bearing on the decrease in the number of deaths due to "immaturity". However, the number of deaths in premature babies also has decreased most remarkably. This can surely be attributed to improved medical and nursing care and to better facilities and techniques for the care of the newborn.

Table I - Infant Mortality - Manitoba

Year	Live- births	Infant Deaths	Infant Mort- ality Rate	Pre- mature Deaths	Percent of Infant Deaths	<u>Cause of Neonatal Deaths</u>	
						Immaturity	Birth Injury
1953	21,469	750	35	219	29.2	148	77
1954	22,465	643	29	182	28.3	99	70
1955	22,557	705	31	218	30.8	113	74
1956	22,564	690	31	203	29.4	62	93
1957	22,180	725	32	141	19.7	76	77
1958*	19,306	541	28	153	28.0	not yet available	

* Preliminary figures

Maternal Health: The program of prenatal education has been described in previous reports and for sake of brevity, the activities of the past year will be outlined. An active program of prenatal teaching is possible only if nursing staff

with special qualifications is available to organize and teach groups of expectant mothers or parents. The purpose of the institute on Prenatal Education for Registered Nurses is to prepare nurses for this type of teaching. It is also essential that obstetrical nurses in hospitals be familiar with this program so that they may be sympathetic and understanding of their patients' special needs. Public Health nurses find that the institutes have given them a better understanding of the problems of expectant parents. Due to unavoidable circumstances, only one institute could be held during 1958. Thirty-six nurses from Public Health agencies, the University of Manitoba, and hospitals attended the course, which was conducted by Miss A. Hogan, a nurse instructress from Maternity Center Association, New York.

Immediately following the regular institute, a two day "refresher" course was held for nurses who had attended an institute previously. The majority of the 52 nurses who attended the two day course had taught classes while others were consultants or supervisors. This course also was given by Miss Hogan, assisted by Miss E. Robertson, Nurse Consultant in Maternal and Child Health, at Ottawa and the Director of the Bureau of Maternal and Child Hygiene of Manitoba. Two further institutes for nurses are planned for 1959.

As at December 1, 1957, prenatal classes were held in 37 centres. With one exception, classes have continued at all centres and five new teaching centres were organized during 1958. Assistance in organizing new teaching centres is given through Federal Health Grant Funds by means of equipment, teaching material, and reference books. In addition a number of nurses, not employed by Public Health agencies or hospitals, are given stipends for teaching classes. A number of communities are interested in having a program of prenatal education, and more teaching centres will undoubtedly be organized during 1959.

During 1957 approximately 1,300 expectant mothers attended classes. Final figures for 1958 are not yet available but indications are that the number will be from 1,500 to 1,600. The classes in the City of Winnipeg and the suburban local health units are filled to capacity. Several local health units do not advertise classes as they are unable to teach more groups. Rural local health units are still severely handicapped by the lack of Public Health Nurses qualified to teach prenatal classes. This situation is due mainly to the fact that recently qualified registered nurses are continually joining the Public Health nursing staff and many of these stay for only relatively short periods. The casualties due to marriage are also high.

Maternal and Newborn Care in Hospitals: A high standard of physical facilities, as well as medical and nursing care is of vital importance in the care of the mother and her newborn infant.

The Bureau of Maternal and Child Hygiene has tried to assist hospitals in various ways to improve their services. The majority of hospitals were visited during the year. In a number of these, possible improvements were discussed in detail and recommendations made. Recommendations vary from hospital to hospital and may be minor in nature or involve a complete re-designing of the nursery suite and a change in techniques and procedures. For the most part any recommendations and suggestions are well received and alterations and improvements have already been carried out in several hospitals. Plans for new hospital construction have been studied and discussed with the architects concerned. It is felt that a careful review of plans will help to avoid errors of designing and

construction which have been evident in the past.

Since 1949, a Federal Health Project has provided equipment of all types to hospitals for diagnosis and treatment of infants and children. Facilities for formula preparation were inadequate in many hospitals and for the first time equipment for terminal sterilization and refrigeration of prepared feeding mixtures was included in this project. Instructions on the correct procedures for preparing feeding mixtures have been given to the 44 hospitals which have received this equipment.

Studies and Surveys

(1) Perinatal Mortality Study: This study, concerned with the causes and possible prevention of stillbirths and neonatal deaths, has been carried out for the past five years at the Winnipeg General Hospital and St. Boniface Hospital with financial assistance from Federal Health Grants. In 1958, the study was extended to include Grace and Misericordia Hospitals and this bureau is assisting in the study by recording the data. The director of this bureau has attended most of the meetings when their cases are reviewed. Preliminary meetings of the medical staff of Victoria Hospital have been held with a view to initiating a similar study at that hospital.

This study has already been of great value in increasing knowledge regarding causes and possible prevention of perinatal deaths and in stimulating interest in the perinatal period. Eventually it is planned to extend this study to several hospitals in rural areas.

(2) Premature Deaths: In order to obtain more information about deaths in infants due to prematurity, special record forms were sent to doctors by the Bureau of Vital Statistics. An analysis of the 1957 cases has been completed and a similar study of the 1958 deaths is planned.

(3) Infections in the Newborn: A number of pediatricians were concerned about the number of babies suffering from infections which required admission to hospital within the first month of life. In order to obtain more accurate information this bureau was requested to review the charts on all cases in this category, who were admitted to Children's Hospital during 1957 and 1958. This study has been completed and a report submitted. The findings have formed a basis for a number of recommendations regarding nursery techniques and procedures which will be implemented as soon as possible.

Maternity Homes and Child Caring Institutions: In 1958, permits were issued to three maternity homes and six child caring institutions. The maternity home at Treherne was closed during the year. At present only one maternity home operates as such and this will suspend operation when the hospital in that community is completed.

The Church Home for Girls takes in unmarried expectant mothers who are transferred to hospital for confinement and return to the home after two days for convalescence.

The child caring institutions are either boarding schools or boarding homes for girls and boys from rural areas who require suitable living accommodation with proper supervision while attending school.

Routine inspections are carried out by personnel of the Department of Health and Public Welfare.

Day Nurseries: During the year 1958, eleven day nurseries received permits to operate through this bureau. These nurseries are located in municipalities which do not have local by-laws. Routine inspections are carried out by personnel of the Department of Health and Public Welfare.

PUBLIC HEALTH NURSING SERVICE

Director - MISS JESSIE WILLIAMSON, R.N., P.H.N.

The Annual Report of the Public Health Nursing Section for the year ending December 31, 1958 is submitted herewith.

Public health nursing may be defined as a special field of nursing in which technical nursing, interpersonal and organizational skills are applied in appropriate relationship to the skills of other members of health and social professions for the conservation of community health.

Public health nurses work as members of a health team to further community health. They provide nursing care and treatment, health counselling and organize families and community groups for health purposes. Their activities include work in the home, clinic, office, school and institutions for the aged and infirm. In all phases of the work emphasis is placed on the prevention of disease and the promotion of health and rehabilitative measures.

The Public Health Nursing Section is responsible for maintaining and developing a high quality of organized public health nursing service. This is achieved through such activities as administrative and consultant service to local health units, direct nursing service in special areas such as tuberculosis control, venereal disease control, handicapped children and adults, the education and licensing of practical nurses, and other educational programs.

Administration of Public Health Nursing

During the past year there has been a continuing increase in the demands for home nursing service and in immunization programs and rehabilitative services in the province as a whole. Expanding health programs, increased hospital services and the trend toward Home Care programs has given rise to a shortage of nursing personnel. Every effort has been made to recruit suitable nurses to the field of public health nursing and to maintain a full staff in local health units. As of December 31, 1958 there were seventy-seven nurses on staff, sixty-two in local health units, and fifteen assigned to Central Office staff. There were six vacancies on the staff of local health units at the end of the year.

Staff:

Number of nurses on staff December 31, 1957	72
Number of appointments to staff during 1958	33
Number of resignations from staff during 1958	27
Number of vacancies as of December 31, 1958	6
Total number of nurses on staff as of December 31, 1958 .	77
Number of nurses on leave to study	10

The following report represents the activities of the director and central office staff. The activities of those nurses assigned to local health units are included in the report entitled, "Local Health Units."

Public Health Nursing Education

The remarkable progress that has been made in the field of medicine, which includes nursing, the great and startling discoveries made every day, which dazzle even the well trained doctor, make it abundantly clear that there

can be no form of education at the end of which we can say the education of the nurse is completed.

Orientation of new staff nurses, continuous in-service education programs, and field experience for undergraduate and post-graduate student nurses are very important aspects of the work of a public health nursing section. With frequent staff changes and having to employ nurses without public health preparation, even more emphasis must be placed upon educational programs, if the quality of public health nursing service is to be maintained. During the past year a total of eleven conferences were held for the nursing staff as a whole to meet their needs. These were planned on a regional basis and were held in rotation in the rural local health units and in Winnipeg. New developments and trends in public health and educational techniques and tools: i. e., use of movie projector, film strips, pamphlets, posters and organizing and conducting group discussions were some of the topics covered in this year's program.

In March the senior nurses and nursing consultants attended a five day institute on Nursing Supervision. This was planned jointly by the School of Nursing, Manitoba University and the directors of the various public health nursing agencies, and was conducted by Miss Louise Smith, Teachers' College, New York. A pre-natal institute and refresher course for nurses teaching prenatal classes was held in June at the Manitoba University and was conducted by Miss Aileen Hogan, Maternity Centre, New York. On December 29, 30 and 31 the annual institute for public health nurses was held at the School of Nursing Education, Manitoba University, and health and nursing topics of current interest were discussed. Nurses from the local health units and from central office were privileged to attend these conferences and institutes.

The nurse assigned to the program for Crippled Children and Adults and one of the nursing consultants attended the International Northern Great Plains Conference on Rehabilitation held in Saskatoon, August 20th to 22nd. They found this experience most helpful and stimulating. Another nursing consultant attended a civil defence course for senior public health nurses held at Arnprior in October, and the nursing director was honored in being asked to attend the Canadian Nurses Association meeting in Ottawa as a voting delegate.

Field Supervision:

Total number of days of inspection and instruction made to nurses	408
Total number of staff and student conferences attended	783
Total number of meetings attended re public health work	44
Total number of talks given	29
Total number of conventions and institutes attended	7

Student Education Program: Members of the staff had many opportunities to participate in the basis professional education of nurses, medical students and other professional workers. This was accomplished through (1) field observation and clinical practice varying from one to two weeks; (2) participation in family care studies on an individual or group conference basis; (3) formal classroom teaching.

A course of sixteen hours in Community Health was given to the senior students at Dauphin School of Nursing.

Summary:

Field Experience

Grace Hospital Students - 2 weeks each	49
Brandon Hospital Students - 1 - 2 weeks each	34
Victoria Hospital Students - 1 day each	9
St. Boniface Hospital Students - 1 day each	15

Lectures Given by Director and Nursing Consultants: Total number of lectures in connection with public health nursing education was 26. These included seven Hospital Schools of Nursing, Medical Students, Faculty of Education and Faculty of Nursing Education of Manitoba University and Indians and Metis.

Through these various approaches the public health nurses have brought students into close contact with community nursing, in the hope that the student's understanding of public health nursing practice will be strengthened and that in turn the working relationship between hospitals, health departments and the community will be increased.

University Student Program: The Public Health Nursing Section continues to offer concurrent field experience (one day per week) and block field experience (two months in the spring) to public health nurses enrolled in the School of Nursing Education, Manitoba University. A total of eight students received concurrent field experience and seven block experience.

Boarding Homes and Institutions for the Aged and Infirm

Supervision of the above institutions has continued as in previous years with guidance and instruction given as required. Community interest and concern for the welfare of senior citizens continues to increase as evidenced by the establishment of new homes and institutions. However, with this increase the problem of staffing becomes even greater. Very few of the present operators of these institutions are registered nurses, practical nurses, or people who have had previous experience in caring for older people. This gives rise to a need for careful interpretation of the regulations covering adequate housing, nursing care, diet, exercise, recreation and rehabilitation of the elderly persons so far as possible. Where institutions are located in local health unit areas it is comparatively easy to provide the necessary supervision and guidance that is required, but in other areas, with only one nurse available on a part time basis, it is difficult to meet all the needs expressed by the operators and boards of directors of these homes and institutions. There is, however, a close working relationship with this particular group of people, and their co-operation at all times is most gratifying. More and more the staff at Central Office is being asked for help with plans for new institutions or additions to existing buildings. An up-to-date directory of all homes and institutions for the aged and infirm operating in the City of Winnipeg and the Province of Manitoba is maintained in the Public Health Nursing Services Section. This directory has been most useful in meeting the requests for information received from various sources.

Number of homes and institutions in local health unit areas	20
Number of homes and institutions outside unit areas	7
Total	27

Centralized Public Health Nursing in Areas Outside
of Organized Local Health Units

A generalized public health nursing program has been carried out in the Village of Brooklands and Town of Transcona through agreement with the municipality concerned. In addition in the disorganized district and unorganized territory of Grahamdale and Siglunes a similar program is carried out. This service includes assistance with classroom inspections and talks, home visits and demonstrations, immunization programs and other health clinics. A public health nurse is assigned to each of these districts.

Tuberculosis Control

Although intensive research has brought about many changes in the treatment and control of tuberculosis, this disease remains a public health problem. The widespread use of antimicrobial therapy has increased the number of patients who are being treated in their homes. Public health nurses now are required to have a wider knowledge of chemotherapy and to spend more time in helping the patient and his family understand his disease and plan for rehabilitation. Complete and up-to-date records are kept on each tuberculosis patient and family; and continuity of nursing care is maintained through the services of the public health nurse who supervises the Central Tuberculosis Registry and acts as liaison between the patients in sanatoria, the family doctor, the health department personnel and the community. Valuable information, pertinent to the welfare of the patient and community is exchanged through the Registry, and guidance is given at all times to the public health nursing staff so that an effective program is maintained.

During the past year the public health nurse visited ten local health units upon request to discuss the general tuberculosis control program on the local level and to assist the nursing staff in reviewing the case load. Lectures in tuberculosis nursing were given to student nurses at the Winnipeg General Hospital, St. Boniface and Misericordia Schools of Nursing, and to student nurses affiliating at Ninette and Brandon Sanatoria. Twenty-nine new members of the public health nursing staff received orientation experience at the Registry and twenty-four students from the School of Nursing Education, Manitoba University spent some time at the Registry as part of their field experience.

The public health nurse assigned to tuberculosis work in areas outside of local health units assisted at Tuberculosis Clinics held at Winkler, St. Lazare, Altona, Crane River, Grahamdale, Ste. Rose, Vogar and Lundar. A total of 662 home visits were also made to tuberculosis patients and contacts as compared to 666 the previous year.

Venereal Disease Control and Nursing Service

Two experienced public health nurses are assigned to this area of service with office and clinical facilities located in the Out Patient Department of St. Boniface Hospital. The senior nurse is responsible for nursing administration at the Venereal Disease clinic, preparation and assistance at clinics, interviewing and registering patients, home visits to patients and contacts, and education of student nurses and new staff.

The other public health nurse is responsible for nursing assistance in Venereal Disease control programs at the Manitoba Home for Girls, and the

Home of the Good Shepherd.

Each Tuesday and Friday morning is spent in these institutions assisting the physician with medical examinations, interviewing girls and doing prescribed treatments. During the remainder of the week the nurse assists at Venereal Disease clinics and follow-up work of cases and contacts of Venereal Disease. Interviewing patients, locating and persuading contacts and delinquent patients to undergo examination and treatment constitutes the major part of the Venereal Disease Control Program. The confidential nature of the information received and the understanding and tact required to obtain it places this type of nursing service in a very specialized category.

During the year forty-five graduate nurses visited the clinic and were introduced to the methods of Venereal Disease control. Twenty-five of these nurses were students from the School of Nursing, Manitoba University, and twenty were new staff nurses with the Division of Health. Since May seventy-two students from St. Boniface Hospital have observed and assisted at Venereal Disease clinics as part of their Out-Patient Department experience. A public health nursing student from the university is presently having concurrent field experience, one day a week.

Practical Nurse Training

The following report has been prepared by the Registrar-Consultant for Practical Nurses:

Training Schools	Central School	St. Boniface Hospital	Brandon Hospital for Mental Diseases	Manitoba School Portage	Selkirk Hospital for Mental Diseases	Total
Students enrolled in 1958	51	35	16	33	35	170
Students who withdrew in 1958	7	5	5	18	7	42
Students who received a Certificate of Qualification in 1958	43	26	11	9	11	100
Students who enrolled Certificate of Qualification in 1958	43	26	11	10	11	101
* Students who became Licensed Practical Nurses	61	38	14	11	17	141

* Last year the results of the fall licensing examination were not received until December, therefore, successful candidates were enrolled in 1957 but received a license for 1958.

Result of National League for Nursing practical nurse licensing examinations 1958.

	125 students of Manitoba course	24 failures			
	22 students other than Manitoba course . . .	4 failures			
	<u>18</u> Licensed Practical Nurses	<u>1</u> failure			
Total	165	Passed 84.42%	Total	29	Failures 17.57%

Licensed Practical Nurse Statistics

Licensed in 1958

Manitoba approved course	--	141)	=	167)	
Equivalent approved course	--	26))	
License renewed in 1958	--	945)	=	Total issued --	1,112

Licensed Practical Nurses active in Manitoba	903)	
Licensed Practical Nurses active outside of	)	1,112
Manitoba	209)	

Student Practical Nurse Program: Now the Manitoba Hospital Service Plan is in effect, there is an increased demand for nursing services. Plans are finalized which will enable us to accept three instead of two classes at the Central School for Practical Nurses in 1959. Arrangements have been made for a third instructor to join the Central School staff in July 1959, and our clinical facilities will be increased.

Negotiations are being conducted with the Department of Education for a second classroom for the Central School for Practical Nurses. This means that when the Central School instructors staff is increased the class capacity will be doubled. At present we are receiving an adequate number of applicants for the practical nurse courses. The counsellors in the high schools are referring more and more students. However, with increased enrolment capacity, we may have to organize a recruiting program in the future.

The St. Boniface School for Practical Nurses will have to obtain new quarters in 1959. Their present classrooms are located in the original Grey Nuns' Provincial House which is an historic monument, and as such is to be removed from the present site. At present they do not have classroom or clinical facilities to increase their student enrolment.

The practical nurse administrators and record manuals were revised this year. Work is progressing on the revision of the curriculum.

In-Service Education: An Institute for Hospital Nurse Administrators and Practical Nurse Instructors was held April 23 to May 2 under the auspices of the Department of Health and Public Welfare and the School of Nursing Education of the University of Manitoba. A conference of Instructors and Hospital Supervisors connected with the practical nurse course also was held December 6, 1958.

The Central School staff attended the Nursing Division staff conferences whenever possible.

Crippled Children and Adults

During the past year 897 home visits were made in districts outside local health units to families where there was a crippled or mentally retarded child or adult. Many of these handicaps were the result of poliomyelitis, others due to

accidents or congenital deformities. Referrals are received from hospitals, private physicians, the Registry for Crippled Children and Adults, and occasionally from local school teachers.

As a result of visits to homes during 1958, seven persons were referred to the Society for Crippled Children and Adults, seventy-nine to Child Guidance Clinics, twenty-seven to the Out-Patient Department of Children's Hospital, two to the Shriners' Hospital, seven to the Canadian National Institute for the Blind and thirteen patients suffering from Multiple Sclerosis were visited and reported to the Multiple Sclerosis Society. Wheelchairs were obtained for four of these cases, either from the Red Cross or local organizations.

In conclusion the increased demand for health services, hospital services and home care programs is creating an acute shortage of nursing personnel, and placing more and more responsibilities upon the existing staff.

This creates a need for careful analysis and evaluation of present nursing programs, more comprehensive planning, and better utilization of existing resources. It has been impossible to meet all the demands for public health nursing service and certain priorities have had to be established, and an earnest attempt made to concentrate upon those activities that are most apt to make a difference in the total health of the people.

Requests have been received from the Schools of Nursing, Misericordia Hospital and Brandon General for a two weeks' affiliation for their student nurses: This will commence early in 1959 with Grace Hospital students being assigned to Kildonan-St. Paul Local Health Unit; Misericordia students to St. Boniface Local Health Unit, and Brandon General students to Brandon Local Health Unit. The purpose of such affiliation is to acquaint the undergraduate student with community health programs and to stimulate an interest in public health nursing.

Fourteen part-time medical health officers received sterile equipment for poliomyelitis and diphtheria immunization clinics. When requested nursing assistance also was provided.

Requests continue to come from areas outside local health units for a public health nurse to render some particular type of nursing care: i. e., Communicable disease control in schools; screening tests of school children; vision tests, etcetera. More referrals are being made from hospitals, private physicians and other Health and Welfare agencies. These requests for service are met insofar as is possible.

The care of the aged and infirm, adequate housing, medical and nursing care, nutrition, recreation and rehabilitation, continues to be a concern of many. During the past year the construction of housing units in several rural areas provided ideal accommodation for elderly couples who are independent, and able to manage alone. On the other hand, there now is a greater need for nursing home care. Most of the institutions for the aged in rural Manitoba are not equipped nor adequately staffed to provide the required nursing care for a bed-ridden patient. Very few of the homes or institutions provide any form of recreational or occupational activities, and little thought is given to rehabilitation. There is a need for a careful study of our existing institutions and private boarding homes for the aged, and a revision of present regulations covering same.

PROVINCIAL LABORATORY SERVICES

Bacteriologist - DR. L. P. LANSDOWN, M.D.

Submitted herewith is a report of laboratory services for the period January 1 to December 31, 1958. The table below shows the number and details of specimens examined by the staff of the Provincial Laboratory during the year.

Water samples	10, 137
Milk and milk products	10, 658
Serological tests for syphilis	72, 066
Treponema pallidum immobilization tests	473
Examinations for gonococci; smears, cultures	2, 136
Examinations for tuberculosis, including smears, cultures and animal inoculations	2, 041
Specimens examined for typhoid, paratyphoid and other pathogenic micro-organisms	585
Agglutination tests for typhoid, paratyphoid, undulant fever and tularemia	2, 629
Nose and throat swabs for diphtheria	756
Nose and throat swabs for haemolytic streptococci	386
Special examinations for staphylococci including phage typing	1, 623
Tests for sensitivity to antibiotics	8, 027
General bacteriological specimens (blood cultures, streptococcal grouping, exudates, sterility control	2, 406
Heterophile antibody	1, 117
Serological examinations for rheumatic diseases	919
Miscellaneous examinations (biochemistry, hematology, colloidal gold	928

Introduction: A brief account of the purpose and scope of the Provincial Laboratory precedes the actual report. This laboratory has been serving doctors and the population of Manitoba since 1897. Fundamentally, being a Public Health laboratory, its chief function is to assist the practitioner and the medical health officer by technical methods in the prevention and diagnosis of hazards to the health of the population of Manitoba. To this end, the first established procedures pertained to the laboratory diagnosis of communicable diseases and the examination of water, milk and other foods. This still constitutes the bulk of the laboratory work, but with the advent of the laboratory and x-ray units in the province in 1947, this laboratory became a supervisory centre to these units. In 1955, the laboratory undertook a program of technician training to staff the rural units and has annually taken in an ever increasing number of students.

Since moving into its new quarters on the third floor of the Medical College Building, the laboratory has opened up a department of biochemistry which provides practitioners in the laboratory and x-ray unit areas with the more complex laboratory procedures hitherto not locally available. Haematology consultation services are provided to the unit areas as well as serology services to all Manitoba physicians to assist in the diagnosis of such entities as rheumatic fever, rheumatoid arthritis, infectious mononucleosis, brucellosis, typhoid and typhoid-like diseases.

Most of the services the laboratory has provided in the past must continue in the future, because the declining incidence of a particular disease is no reason to slacken our vigilance in its detection. The recent upsurge in the number of cases of diphtheria in the province is a case in point. However, as the frontiers of Public Health are constantly being pushed forward, so the laboratory must keep pace in widening its own scope and fulfilling needed services. The provision of tissue examinations for practitioners in laboratory and x-ray units is within the scope of this laboratory and could be the first step in providing tissue examinations for all the doctors of Manitoba who are not practising in an area where these services are provided locally. The Provincial Laboratory has a record to be proud of in the role it has played through the years in assisting the doctors of Manitoba in the detection of venereal and other communicable diseases and in the inspection of milk, water and food stuffs. These services should never be taken for granted but, at the same time, the laboratory stands ready to provide new and much needed services when called upon to do so.

Sanitary Bacteriology: This phase of the work encompasses the examination of milk and milk products, water and food stuffs for bacterial contamination. Eating establishments are also in a limited way at present being surveyed by this department. There are at present three centres in Manitoba where sanitary bacteriology is carried out:

1. The Provincial Laboratory, Winnipeg;
2. The Laboratory at the Brandon Hospital for Mental Diseases; and
3. The Laboratory at the Dauphin Laboratory and X-ray Unit.

This year 10,658 examinations were made on milk and milk products in the province and 10,137 on water and ice. The laboratory, through the year, has maintained a close connection with the Bureau of Food Control and stress has been laid on the need for a long term program in the bacteriological control of foods. This has resulted in the investigation of an increasing number of cases of food poisoning. Meat and meat products have been the suspected offenders in most cases.

The problem of biologicals in milk, (and fish sanitation) has been jointly considered by the Director and the Bureau of Food Control.

Syphilis Serology: This year 72,066 specimens of blood and spinal fluid were examined. Due to the fact that on some specimens, a quantitative flocculation test, a complement fixation and even a T.P.I. examination were done, the number of examinations far exceeds the number of actual specimens received. The T.P.I. test is a special examination reserved for cases in which the clinical history and the other serological findings make the diagnosis of syphilis questionable. It is considered to be the most specific test yet available for the diagnosis of syphilis but due to its technical complexity, it cannot be used routinely on the majority of specimens. We hope to evaluate a complement fixation test next year which is simpler to perform and claimed to have the same significance as the T.P.I. test. Again this year there has been close liaison with the Director of Venereal Diseases Control and private physicians.

Non-Syphilis Serology: Serological tests are carried out, at the request of the practising physicians, on cases of rheumatoid arthritis, rheumatic fever, pneumonia, enteric fever, brucellasis and infectious mononucleosis.

Enteric Diseases: There were two confirmed cases of typhoid made during the year. A considerable amount of investigation on probable carriers and contacts was necessary as an aftermath. A strain of salmonella, *S. manhattan*, hitherto unknown in Manitoba, was isolated. There has been an appearance of previously rare enteric pathogens isolated in the province. Pathogenic *E. coli* enteritis in infants has been a problem at Churchill and the Director made a trip to Churchill late in the year to investigate on the spot the sanitary conditions and make recommendations.

Bacillary dysentery and pathogenic *E. coli* infections are appearing in increasing frequency north of parallel 53.

Outbreaks of food poisoning are being brought to the attention of the laboratory by the Bureau of Food Control and appropriate examinations are done to determine their cause.

Staphylococcal infections: The problem of pathogenic, antibiotic resistant staphylococci is still with us. This laboratory has been working in co-operation with the hospitals in the phage typing of pathogenic staphylococcal organisms.

This laboratory has been assisting the Faculty of Agriculture at the University of Manitoba in phage typing staphylococci isolated from cases of mastitis in cattle and other animal infections. It is interesting to note that there is a striking co-relation between the phage types isolated from cattle and those isolated from serious infections in humans. Phage type 81 is the strain found to be responsible for most of the serious infections in Manitoba and all pathogenic staphylococci isolated in the laboratory this year were phage typed and subjected to sensitivity tests. These procedures necessitated 1,623 examinations.

Streptococci: A number of cases of group 12 streptococci were encountered this year at the Winnipeg Children's Hospital. These organisms are known to be toxic to the kidney. A higher incidence of scarlet fever has occurred this year.

Diphtheria: Isolated cases of diphtheria continued to appear this year as in 1957. The laboratory work involved was considerable due to the necessity of following up contacts, including whole classrooms. (756 nose and throat swabs were examined for diphtheria this year.)

Virus diseases: The laboratory investigation of these diseases is carried out in the virus laboratory at the Winnipeg General Hospital under the direction of Dr. J. C. Wilt. The Director of Laboratory Services is co-director of this laboratory. The virus laboratory moved into its new quarters at the Winnipeg General Hospital in August of this year. The laboratory is well equipped and has space to accommodate animals necessary to its operation. The investigation of poliomyelitis suspects constituted one of the major tasks of the virus laboratory this year. High endemicity of viruses of many varieties in this part of the country and the consequent attention that is being paid to them as factors in illness has put a terrific work load on the staff of the virus laboratory.

Rheumatic diseases: Rheumatic fever and rheumatoid arthritis are more and more being considered as public health problems. The Provincial Laboratory carries out the antistreptolysin titre and C reactive protein tests for rheumatic fever and the latex fixation tests for suspected rheumatoid arthritis cases. There is still need for a more specific test to sort out cases of rheumatoid arthritis and the assistant director worked along with a second year medical student

on a project this year aimed at evaluating present tests. It is hoped this work may be continued next year.

Staffing: Qualified technicians experienced in serology and bacteriology are still at a premium. In spite of every effort to recruit student technicians for training, we are still unable to further expand laboratory services until more qualified technicians are available.

Throughout the year, the director and assistant director attended the regular meetings of the Manitoba Association of Pathologists and the director attended the meetings of the Laboratory Section of the Canadian Public Health Association and the meeting of the Technical Advisory Committee at Ottawa. The Assistant Director attended the annual meeting of the American Association of Clinical Pathologists at Chicago.

Technician Training: At present thirteen students are receiving training at the Provincial Laboratory, seven senior and six junior students. In October our second class of five combined laboratory and X-ray technicians graduated.

The training program of our students has had to be re-arranged to provide a six month apprenticeship at one of the larger teaching hospitals in Winnipeg, to comply with the regulations of the Canadian Association of Laboratory Technologists for accreditation of our school. This September the Provincial Laboratory took in another class of six students and another eight students were accepted at the Brandon Hospital for Mental Diseases' Training School. Four students were accommodated at Manitoba School, Portage la Prairie, to be trained solely as x-ray technicians.

This laboratory continues to give classes in serology and certain aspects of bacteriology to student medical technicians and doctors training in pathology from other hospitals. The desire to bring in technicians from rural points for a period of in-service training has still not been realized due to the lack of temporary replacements.

Laboratories - Psychiatric Division and Laboratory and X-ray Units: A summary of the work carried out by these laboratories will be found under the appropriate administrative headings. While the Director of Laboratory Services is not responsible for administration, the technical services of these laboratories is under his supervision. As formerly, a considerable amount of time was spent by the senior staff of the Provincial Laboratory in visits, consultant and other duties in connection with these laboratories. Although improvement can still be made in the supervisory services, it is considered that this has been more satisfactory than formerly and a total of 154 visits were made by members of the staff to outside laboratories. This year a biochemist was taken on the staff of the Provincial Laboratory and assigned to the laboratory at the Brandon Hospital for Mental Diseases. He has participated in the technical supervision of the small laboratories in the western portion of the province, and is also actively engaged in the supervision of biochemical standards, teaching and research at the Brandon Hospital for Mental Diseases.

THE ADVISORY COMMISSION

under The Health Services Act

Chairman: J. D. ADAMSON, M.D.

The Annual Report of the Advisory Commission for the Calendar Year 1958 is submitted herewith.

General

Meetings: There were four meetings of the commission held during the year: February 6th, April 15th, July 2nd and September 3rd.

Membership: The membership of the Advisory Commission at December 31st, 1958 was as follows:

Representing the Manitoba Division of the Canadian Medical Association:

Dr. Charles H. A. Walton - Winnipeg
Dr. John E. Hudson - Hamiota, and
Dr. F. G. Allison - Winnipeg;

Representing the Union of Manitoba Municipalities:

Mr. Lawrence Smith - Portage la Prairie,
Mr. Charles N. Argue - Mather,
Mr. H. C. Odell - Hargrave;

Representing the Associated Hospitals of Manitoba:

Mr. John Gardner - Dauphin;

Citizen Representatives appointed by the Minister:

Dr. J. D. Adamson - Winnipeg,
Mr. Gilbert H. Grant - Souris,
Mr. J. E. Ramsden - Dauphin;

Representing the Department of Health and Public Welfare as Ex-Officio members:

Dr. M. R. Elliott - Deputy Minister of Health,
Dr. I. M. Cleghorn - Director of Health.

Duties: The duties, powers and responsibilities of the members of the commission are as described in Sections 7 and 8 of The Health Services Act.

In memory of The Late Doctor F. W. Jackson, D. P. H., who passed away on Friday morning, January 10th, 1958, the following Minute was recorded in the Minutes of the Advisory Commission at its meeting of February 6th, 1958:

"The Chairman, Dr. J. D. Adamson, in addressing the members of the commission spoke of the outstanding contribution made by Doctor Jackson in the field of Public Health and in service to the people of Manitoba and Canada: He referred to him as a shy retiring man who was the soul of kindness; a man devoted to an ideal and a goal which he hoped to attain whereby the people of Canada would have available to all a good Public Health program as well as all essential medical and hospital care. He pointed out much of his ideal as outlined in The Manitoba Health Plan had been implemented through the

introduction and development of local health units, laboratory and x-ray units and increased hospital facilities throughout a large portion of the Province of Manitoba: And that he believed these services would be a living memorial to Doctor Jackson who throughout his life served the people of Manitoba well.

"On behalf of all the members of the commission he expressed sympathy to Doctor Jackson's widow and family, following which the members stood and observed a Moment of Silence in respect to The Late Doctor Fred. W. Jackson."

Hospitalization

1. Special Hospitals Investigating Committee: On the recommendation of the Advisory Commission at its meeting in April 1958 a special committee was named by the Minister of Health and Public Welfare and the Chairman of the commission. This committee was subsequently established as a Standing Committee of the Advisory Commission at its meeting held on July 2nd, 1958 for the purpose of investigating requests from hospitals for increased hospital facilities at the local level and thus assist the Advisory Commission in its deliberations and recommendations to the Minister.

During the year the Special Hospitals Investigating Committee reported to the commission on its investigations and recommendations relating to enquiries from the following areas and hospital districts:

- (A): 1. Arborg Medical-Nursing Unit District, No. 36,
 2. Baldur Medical-Nursing Unit District, No. 16 A,
 3. Birtle Hospital District No. 6,
 4. De Salaberry Medical-Nursing Unit District, No. 27 A,
 5. Erickson Medical-Nursing Unit District, No. 8 A,
 6. Glenboro Medical-Nursing Unit District, No. 16 B,
 7. Notre Dame Medical-Nursing Unit District, No. 19 B, and
 (B): A request for hospital facilities in the Riverton area.

2. Advisory Commission: A summary of the several matters relating to hospitalization presented for consideration of the commission is submitted herewith:

<u>Name of Hospital and Number</u>	<u>Particulars</u>	<u>Results</u>
Arborg Medical-Nursing Unit District No. 36	Supplementary Scheme to provide increased hospital facilities, office accommodation and other essential works and facilities.	Recommended to Minister that Ratepayers be permitted to vote on proposal: Approved vote of ratepayers given in October 1958.
Baldur Medical-Nursing Unit District No. 16 A	Request for increased hospital facilities.	Recommended for review by Special Hospitals Investigating Committee and report for further consideration of Advisory Commission. Final recommendation still pending at end of year.

Birtle Hospital District No. 6	Enlargement of District Hospital to have total bed capacity of 28 and essential works and facilities.	Recommended to Minister for approval: Supplementary Scheme approved by vote of ratepayers in August and third reading of By-laws of each council of included municipalities.
De Salaberry Medical-Nursing Unit District No. 27 A St. Pierre	Request for increased hospital facilities.	Report of Special Hospitals Investigating Committee under further consideration of Advisory Commission.
Erickson Medical-Nursing Unit District No. 8 A	To provide increased hospital facilities, living quarters and other essential works and facilities.	Recommended to Minister for approval: Supplementary Scheme approved by vote of ratepayers in August 1958 and third reading of By-law of council of each included municipality.
Flin Flon General Hospital	Request for construction grants by Sisters of Charity to assist in expansion of hospital facilities: No money by-law required.	Recommended to Minister that favourable consideration be given to payment of grants if hospital proceeds with new proposed construction.
Glenbora Medical-Nursing Unit District No. 16 B	Request to increase hospital facilities by six beds.	Recommended for approval in principle pending review of Supplementary Scheme when submitted for approval.
Morris Hospital District No. 25	Request of Governing Board for extension of hospital facilities at Morris District Hospital and at Emerson Medical-Nursing Unit.	Request still under consideration of Advisory Commission at end of year.
Notre Dame Medical-Nursing Unit District No. 19 B	Supplementary Scheme to provide variance in method of apportioning annual deficits to that provided in original scheme.	Recommended for approval.
Reston Medical-Nursing Unit and Virden Hospital District No. 10	Supplementary Scheme to provide additional hospital facilities, increased office accommodation and staff living quarters, and other essential works and facilities for unit at Reston.	Recommended for approval: Supplementary Scheme approved by vote of ratepayers in August, 1958.

Riverdale Hospital District No. 12 C	Organizational Committee set up to consider a scheme for hospital facilities for Town of Rivers and R. M. of Daly.	Recommended for approval: Scheme and vote of Rate-payers approved on October 24, 1958.
Swan River Hospital District No. 1	Supplementary Scheme for enlargement of hospital facilities at District Hospital at Swan River.	No final recommendation made to Minister pending agreement of boards within whole area.
Turtle Mountain Hospital District No. 15	Revised Supplementary Scheme to provide doctor's residence and office accommodation for Village of Dunrea in lieu of original proposal for small Medical-Nursing Unit.	Recommended for approval: No money by-law required.
Vita Hospital District No. 28	Organizational Committee set up to consider a scheme for renewal of hospital facilities at Vita.	Recommended for approval in principle pending review of official Scheme.
Winkler Hospital District No. 23	Supplementary Scheme for Nursing Home.	Recommended for approval: Scheme rejected by second vote of Ratepayers but construction proceeding under other financial arrangements requiring no sale of debentures.

Local Health Services

On the request of the respective local advisory boards and the Municipal Councils and the recommendation of the Advisory Commission to the Minister, extension of boundaries of three units was approved and all the necessary steps taken for their inclusion in the units effective July 1, 1958 as follows:

<u>Name of Unit</u>	<u>New Territory Added</u>
Brandon Local Health Unit No. 8	Rural Municipality of Whitehead Rural Municipality of Whitewater
St. Boniface Local Health Unit No. 26 .	Town of Transcona
Stonewall Local Health Unit No. 15	Village of Riverton Rural Municipality of Bifrost

Laboratory and X-Ray Services

Extension of boundaries of two units were approved and became operative July 1, 1958:

<u>Name of Unit</u>	<u>New Territory Added</u>
Portage la Prairie Laboratory and X-Ray Unit No. 14	Rural Municipality of Woodlands (all of that part not previously included)
Virden Laboratory and X-Ray Unit No. 7	Rural Municipality of Whitehead Rural Municipality of Whitewater

Legislation

Minor amendments were approved to the Regulations relating to Local Health Units and were ratified by Manitoba Regulation 17/59.

No amendments to The Health Services Act were recommended to the Minister for consideration of the Manitoba Legislature in 1958.

Appreciation

On behalf of the members of the Advisory Commission may I take this opportunity of expressing to you as Minister of Health and Public Welfare our appreciation of the confidence you have placed in us as advisers respecting The Health Services Act.

SECTION OF EXTENSION HEALTH SERVICES

MEDICAL DIRECTOR - I. M. CLEGHORN, D.P.H.

Herewith is the Annual Report of the Section of Extension Health Services for the Calendar year ending December 31, 1958. The reports of the various bureaux, administratively, under this section, including Local Health Services, Hospitalization, and Dental Services, have been prepared by the respective directors.

Progress under The Health Services Act has continued during the year, but has been limited by the shortage of trained personnel, particularly public health nurses and laboratory and X-ray technicians.

The southern portion of Woodlands Municipality, which is part of the Portage la Prairie Hospital District, No. 18, was included in the Portage la Prairie Laboratory and X-ray Unit, No. 14, in 1957. Following this, on July 1, 1958, the whole of the municipality joined the unit, bringing this service to 2,222 persons resident in Woodlands.

The Brandon Local Health Unit, No. 8, was enlarged by taking in the Town of Souris and the Rural Municipality of Glenwood on January 1st, and Souris and Glenwood were also incorporated in the Virden Laboratory and X-ray Unit, No. 7 on April 1st. On July 1st, the Rural Municipalities of Whitehead and Whitewater also joined the Brandon Local Health Unit No. 8, and the Virden Laboratory and X-ray Unit, No. 7. Offices were prepared in the Souris District Hospital with a staff of two laboratory and X-ray technicians, a public health nurse and a sanitary inspector. This brought full-time health services to 5,320 more persons in this area in rural Manitoba.

On July 1, 1958, the St. Boniface Local Health Unit, No. 26, was enlarged by taking in the Town of Transcona with a census population of 8,312 persons; and the Stonewall Local Health Unit, No. 15, by including the Village of Riverton and the Rural Municipality of Bifrost with a population of 3,734.

The thirteen local health units in the province now provide full time health services to some 401,860 persons outside the City of Winnipeg and Indian Reserves, almost 70% of the population of Manitoba, exclusive of the City of Winnipeg and Indian Reserves.

Five laboratory and X-ray units are now in operation, giving service to 129,244 persons in rural areas.

Local Health Unit Services

The 22 established positions for sanitary inspectors in local health units are all filled. The enlarging of the units, and the constantly increasing volume and scope of the work will make it necessary to increase the staff of inspectors in some units, notably those with headquarters at Portage la Prairie, Selkirk, Stonewall, and St. Boniface.

There has been a shortage of public health nurses in some units throughout the year, and at December 1, the establishments were six nurses under strength. Sixty-seven public health nurses now work in local health units, and with the increased populations, particularly in suburban units, and the enlargement of the areas, an additional thirteen nurses will be required to give complete service.

The establishments for medical directors in health units are all filled with the exception of the Dauphin Local Health Unit, No. 3, which is now vacant, owing to the recent death of Dr. Cramond C. Wright. It is hoped a new medical director will be appointed early in the new year.

Deputy Health Officers have been appointed on a part-time basis to carry out clinics and school work in the Rural Municipality of Portage la Prairie in the Portage la Prairie Local Health Unit; in the Municipalities of Lac du Bonnet and Springfield in the Selkirk Local Health Unit; in the Towns of Flin Flon and The Pas in the Northern Local Health Unit; and in the St. James - St. Vital - Fort Garry Local Health Unit and the Brandon Local Health Unit.

Laboratory and X-ray Services

The report of the Bureau of Laboratory and X-ray Services and Medical Care Districts administered directly through this Section follows herewith:

The provision of prepaid laboratory and X-ray services has now been in effect since 1947 and has been proved to be of great benefit to both practising physicians and persons who receive the service in the rural areas of the province. The purpose to be served by these units in rural Manitoba is twofold:

First: They should help practising physicians in the rural areas of the province to carry out the practice of medicine more scientifically by the provision of laboratory and X-ray services fairly close to their patients' homes; and

Second: These services are available to patients in the rural areas on a prepaid basis with no extra charge except a small service fee for x-ray work carried out.

From our experience so far, it can be said that the laboratory and x-ray service is meeting a definite need in the areas served. This part of The Manitoba Health Plan is probably more appreciated by the persons receiving the service than any other part of The Health Services Act. Further expansion to date has only been limited by the shortage of trained laboratory and x-ray technicians to staff new units.

Progress to date: The first laboratory and x-ray unit began giving service in the Dauphin area in 1947. It is now located in the Health and Welfare Building, adjacent to the Dauphin General Hospital, and connected to the hospital by a passage way. The Village of Gilbert Plains and the Rural Municipality of Gilbert Plains joined the unit in 1949. 17,809 residents of the area receive service.

The second unit was opened in the Selkirk Local Health Unit area in May, 1948. The main unit is located in the Selkirk District Hospital, and a Substation in the Beausejour Hospital. The unit was enlarged in 1954, by including the Rural Municipality and Village of Lac du Bonnet, and in 1956, the Rural Municipality of Springfield and part of the Local Government District of Alexander. Population served is 32,396 persons.

The Virden Laboratory and X-Ray Unit was the third to be organized, and began operations in October, 1952. On January 1, 1954, the Rural Municipalities of Blanshard and Hamiota were included with a subsidiary centre in the Hamiota Hospital. During 1958, the Rural Municipalities of Whitehead, Glenwood, White-water, and the Town of Souris were added, and another Substation opened in the Souris Hospital. Some 27,215 persons in this rural area receive service in the unit.

The Neepawa Laboratory and X-ray Unit, No. 6, was the fourth to be opened in January, 1955, with the main station of the unit in the Neepawa District Hospital and subsidiary centres in the Minnedosa and Gladstone Hospitals. The population of this unit was estimated at 24,633 in 1958.

Portage la Prairie was the fifth unit to be organized in September, 1956, with headquarters in the Portage District Hospital. It was enlarged in 1957 by adding the four southwestern townships of Woodlands Municipality, and in 1958, by including the balance of the Rural Municipality of Woodlands. This unit serves a rural population of some 27,191 persons.

The net operating costs of laboratory and X-ray units, including supplies, salaries, and expenses, are shared two-thirds by the province and one third by the municipalities in proportion to their population.

In order to obtain service, the residents of the municipalities included in the area obtain an identification card which is supplied by the Department of Health and Public Welfare, and issued by the secretary-treasurer of each included municipality. The resident presents this card, along with a written requisition from his own doctor, to the unit office. The reports of work carried out are given to the private physician.

We now have three consultant radiologists under contract, one stationed in Winnipeg, one in Brandon and one in Dauphin. They visit all the units and subsidiary centres except Portage la Prairie on regular days each week and read all X-ray films. They also are available for consultation with the practising physicians and see patients by appointment. The Portage la Prairie unit is visited once a week by a private radiological clinic in Winnipeg. The chief X-ray technician and his assistant also visit the units, and give technical assistance and help to the unit laboratory and X-ray technicians. They also see that all equipment is maintained in good working order and are in charge of the training of student X-ray technicians.

Laboratory consultant services and supervision provided by the Director of the Provincial Laboratory Services and his staff. Electrocardiograph tracings during the year were read as usual by private consultants and the reports forwarded to the units.

The instruction of student technicians in radiography in Portage la Prairie is progressing very well. Seven combined students from the Provincial Laboratory also received three months' X-ray training. A second class of seven combined students from Brandon Hospital for Mental Diseases' Laboratory also received three months' X-ray instruction. Ten students are now taking training in the school at the present time.

During the year, Dr. P. A. Macdonald, Physicist of the Manitoba Cancer Foundation, made a complete survey of the X-ray machines in laboratory and X-ray units regarding the fluoroscopic radiation output. All machines had the required protection, and were well within the safety limits.

The volume of work carried out in the five units increased again. The following table gives a summary of the work carried out during the Calendar Year 1958:

X-ray Examinations	Dauphin	Selkirk	Virden	Neepawa	Portage	TOTAL
Qualified Persons	4,490	5,510	6,618	6,201	6,385	28,754
Non-Qualified Persons ..	570	522	619	194	125	2,030
Total Examinations	5,092	6,238	6,975	6,537	6,567	31,419
Outdoor Patients	2,735	3,450	4,357	3,466	3,178	17,186
Indoor Patients	2,357	2,798	2,618	3,071	3,389	14,233
<u>Laboratory Examinations</u>						
Qualified Persons	12,520	13,233	12,553	12,912	25,863	77,081
Non-Qualified Persons ..	279	584	741	85	148	1,837
Total Examinations	12,799	13,817	13,295	12,997	26,011	78,919
Outdoor Patients	4,302	5,639	6,224	5,155	10,445	31,765
Indoor Patients	8,497	8,178	7,071	7,842	15,566	47,154

The provision of X-ray equipment, as a preliminary step in setting up new laboratory and X-ray units, was made possible through Federal Health Grant prior to July 1st. Treherne District Hospital was provided with a 200 m.a. X-ray machine and a complete complement of accessories.

Medical Care Districts

Part III of The Health Services Act provides for the establishing of Medical Care Districts. The approval of the minister is required to set up a district and also approval of the contract, which is made between the doctor and the municipality. Eleven physicians were practising in medical care districts last year. Provision is made under the Act that where a municipality is already participating in a local health unit and laboratory and X-ray unit and also has a medical care district, a grant of fifty cents per capita is made towards the cost of the medical care district. Six municipalities qualified for the grant this year, namely: the Rural Municipalities of Harrison, Blanshard, Saskatchewan, Woodworth, and Woodlands, and the Town of Rapid City.

The department has no statutory responsibility for the provision of direct medical care to the people, however, every assistance is given to physicians enquiring about locations for private practice. Where local health units have been enlarged, an endeavour has been made to obtain the assistance of practising physicians in carrying out a preventive service under contract, and under the supervision of the medical directors of the local health units.

LOCAL HEALTH SERVICES

DIRECTOR - WM. WATT, M.D., D.P.H.

The Annual Report of the Bureau of Local Health Services for the calendar year, ending December 31, 1958, is presented herewith.

It is pleasing to report that continued progress has been maintained throughout 1958 in all local health units in the province and increased activity has again been noted, consistent with the supply of trained public health personnel.

During the last five years, several new activities have been added to general local health unit programs and have now become well established. The polio-myelitis immunization program, which commenced with the field trials in 1954, now has become an established routine; regular Crippled Children's Clinics, and Child Guidance Clinics are conducted in co-operation with the Society for Crippled Children, Child Guidance Clinic of Greater Winnipeg and the staffs of provincial hospitals for mental diseases; while instruction classes on prenatal hygiene are a regular feature of every health unit nursing program.

During the year, an advance was made in the eye testing program by supplying improved equipment and it is hoped that in the coming year an improvement also will be noted in the hearing testing program. Instruction classes in food handling techniques were again featured in several units and it is intended to have this activity expanded during the coming year. A feature worthy of mention has been the very close liaison between the staffs of the Department of Health and Public Welfare and the Department of Education. This has been reflected by excellent co-operation between the two departments' field inspectorate staff and the development of a very good working relationship in regard to school construction and environmental sanitation. A very similar close liaison has been maintained with the staff of the Liquor Control Commission in regard to issuing of licences to food eating establishments.

The Annual Institute for Medical Directors was held in May, 1958, followed by two Health Officers Regional Meetings: One at Brandon and one in Winnipeg. Throughout the year regular staff meetings, conferences and programs for in-service training have been conducted for all local health unit public health nurses by the director and staff of the Public Health Nursing Division. The Annual Institute for Sanitary Inspectors at the University of Manitoba was held in March, 1958, and during the summer, half of the unit sanitary inspectors attended a basic bacteriology course at the University of Manitoba, arranged by the Bureau of Food and Milk Control. It is hoped that this excellent course will be repeated in 1959, for the benefit of the remainder of the unit sanitary inspectors.

The population served by each local health unit and the unit full-time staff are indicated by the following table:

Unit	Population Served	Medical Director	Public Health Nurses	Sanitary Inspectors	Clerical Staff
Brandon	32,091	1	5	3	2
Dauphin	17,809	1	4	1	2
Portage	24,969	1	5	1	2
Selkirk	32,396	1	7	2	3
Swan Valley ...	16,792	1	4	1	1
Red River	22,528	1	5	1	2
St. Boniface ...	43,701	1	5	2	3
St. James	76,989	2	9	4	4
Stonewall	21,322	1	5	1	1
Neepawa	24,633	1	5	2	2
Virden	21,900	1	5	1	1
Northern	19,574	1	3	1	2
Kildonan	47,156	1	5	2	3

In addition to the above full-time staff, practising physicians are employed in several local health units to assist in clinics and school health programs.

The following is a summary of the work of all local health units during 1958:

Communicable Disease Control: All health units carry out a continuous two phase program aimed at controlling and preventing the spread of communicable diseases:

1) Local medical practitioners, parents, school teachers and residents notify the unit, as requested by Public Health Regulations, of cases of communicable disease occurring in the area. The unit staff, by a program of visiting, quarantine, isolation, and education, attempt to keep communicable disease at a minimum. All staff members are available and take part in investigating reported diseases or out-breaks and the medical director of the local health unit is in close touch with practising physicians and available for consultation and diagnostic visiting. During 1958 local health unit staff members made 905 home visits to cases of communicable disease, whilst the medical directors made 124 diagnostic visits and were called into consultation on 106 occasions.

2) Probably the most important phase of communicable disease control is the continuous immunization and vaccination program carried out in the local health units against such diseases as poliomyelitis, diphtheria, smallpox, whooping cough and tetanus. Such immunization is carried out on a weekly or monthly basis at all child health clinics throughout the area, in all schools, and in local health unit offices and sub-stations. This program carried out on a routine basis, has completely prevented some diseases, such as smallpox and tetanus and greatly controlled other diseases, such as diphtheria, whooping cough, and it would appear also, poliomyelitis.

Special immunization is provided by all local health units as the need arises against such diseases as typhoid, infectious jaundice, measles, tuberculosis and influenza.

<u>Immunizations Carried Out During the Year 1958</u>			
	<u>First Vaccination</u>	<u>Revaccination</u>	<u>Total</u>
Smallpox	10,442	7,942	18,384

Immunizations Carried Out During the Year 1958

	Initial Series	Augmenting	Total
Whooping Cough, Diphtheria and Tetanus	7,698 (3 doses)	8,547	16,245
Diphtheria and Tetanus	2,259 (3 doses)	12,827	15,086
Influenza	875	--	875
Poliomyelitis	19,594 (2 doses)	32,746	52,340
Typhoid	115	62	177
B.C.G.	28	--	28

In addition to the above, tuberculin tests to ascertain immunity or exposure to tuberculosis, were carried out on 382 adults and children, whilst gamma globulin as a preventive against measles or infectious jaundice was given to 265 household contacts.

Venereal Disease Control: The venereal disease control program for the whole Province of Manitoba is conducted by the Provincial Venereal Disease Clinic at St. Boniface Hospital. The Director of Venereal Disease Control and his staff provided complete coverage over the city of Winnipeg and suburbs in case finding, treatment; and in rural areas assistance in investigating and locating cases is provided by local health unit staff. When requested, local health units endeavour to locate contacts and cases named and have them treated either by practising physicians or in local health unit offices. To facilitate treatment all local health units carry the necessary treatment drugs for free distribution to the practising physicians.

During 1958, 104 contacts of venereal disease were notified to local health units. Seventy of these were located after investigation and followed up for treatment, mainly through the practising physicians. In carrying out this program, 226 field visits were made by the unit staff members.

Tuberculosis Control: Tuberculosis control throughout the Province of Manitoba is exercised by the Sanatorium Board. All local health units work under the guidance of the Board in providing a continuous tuberculosis supervision program for the residents of the area. The Central Tuberculosis Registry notifies each local health unit of cases of tuberculosis and known contacts within the unit area and routine home visits are made by unit staff to ensure that those cases and contacts are X-rayed and examined regularly and are carrying out recommended procedures. The local health unit assists in conducting regular chest X-ray and examination clinics and also helps in the organization of mass X-ray surveys.

In 1958, a total of 1,127 cases of tuberculosis, with all their household and family contacts, were supervised by local health unit staff, who made a total of 1,904 home visits. Eighty-seven large plate X-ray clinics were held in nine rural units with an attendance of 2,310 residents. All cases and contacts in the three suburban units are handled through the Central Tuberculosis Clinic.

Maternal and Child Hygiene: In Manitoba, the local health unit maternal and child hygiene program is aimed at giving advice, demonstrations, and supervision to expectant and new mothers. Under agreement with practising physicians, lectures and special instruction classes are given to acquaint mothers with

maternal hygiene, infant care and nutrition. Special physical exercises are demonstrated by the nursing staff to promote relaxation and improve muscle tone, thereby assisting the mother in the childbirth and post-natal periods. Advice and demonstrations on baby care, infant feeding and bathing and general maternal care are provided by home visits made as soon as possible after the new mother and baby return home. While visiting, the public health nurse outlines the program of the unit in relation to well baby clinics and immunizations and invites the parents to avail themselves of these unit services.

During 1958, a total of 1,330 pre-natal cases received instruction either in their homes or at the local health unit office. Three hundred and eighty pre-natal instruction classes were held with an attendance of 3,793 expectant mothers. Home visits were made on 5,489 occasions to help new mothers with their babies.

Infant Hygiene: A large part of the local health unit activity is centred on child health conferences, commonly called "well baby clinics". This is the most popular of all the services and is very heavily utilized in all area. The thirteen local health units conduct well baby clinics at 142 different health centres, thereby providing a service which is within easy access to all. At well baby clinics observations are made on the growth and weight measurements of the children and their development supervised over a period of years; advice is given on general care and hygiene, feeding habits, emotional traits, nutrition and medical examinations are conducted to detect any defects that may require treatment, and immunization and vaccination are offered against communicable disease.

During the year 1958, 2,231 clinics (infants under one year of age) were held with an attendance of 30,001. Examinations were completed by the medical directors on 4,198 infants and 497 found to have difficulties were referred to private physicians for treatment. In providing services in the home and in following up correction of defects, a total of 7,730 home visits were made by the nursing staff.

Pre-School Hygiene: The pre-school health program is simply an extension of the infant health program for children of ages 1 - 6 years. At child health clinics the full services of advice, supervision, examination and immunization are made available at all times and efforts are made to have pre-school children return regularly to maintain their level of immunity by augmenting injections. Each year local health units conduct special school beginner clinics for this age group so that these children may have a medical check to have any defects detected and corrected by the family physician before entering school.

In 1958, a total of 20,544 pre-school children were admitted for individual service. At the 2,231 child health clinics a total of 40,745 pre-school children attended for advice, examination or immunization and 6,704 home visits were made by the nurses to give additional service. Medical examinations were conducted on 2,405 children at clinics or at office consultations and 636 were referred for treatment of various defects.

School Hygiene: The school health program varies from unit to unit, but in each case the objective is the same: -- To check the pupils regularly, with complete medical examinations on several occasions during school life. In the large suburban schools, examinations are conducted by grades, whereas in the smaller rural schools, examinations may be done on rooms containing several grades, or by complete schools (in the case of one-room schools). The nursing

staff inspect all children and make appointments for parents to be present at school medical examinations. Defects found are drawn to the attention of the parent when present, or are notified by the nursing staff at a follow-up home visit. Individual children may be referred for examination at any time by the parent, teacher or nurse, and group checking of classrooms for communicable or skin disease is carried out when considered necessary.

A continuous immunization program against diphtheria, tetanus and poliomyelitis and a vaccination program against smallpox is offered all children from school beginners to Grade XII. This section of the general population is exceedingly well immunized, and the success of the program would seem to be indicated by the very low incidence of these diseases.

All technical members of the local health unit field staff -- doctors, nurses and sanitary inspectors participate in continuous health education in school, by lectures, classroom talks, film showings, sanitation demonstrations and nutrition experiments. This is given not as a complete service in itself, but as assistance to teachers with the health portion of the education curriculum.

Routine inspection of schools, covering general sanitation, water supply, classroom lighting, heating and ventilation, toilet and drinking facilities, is carried out by the unit sanitary inspector, and any unsatisfactory conditions found are reported to the school inspector.

A few highlights of the school service are summarized below:-

Children inspected by nursing staff	37,238
Classroom (group) inspections	563
Children examined by medical staff	11,171
Parents present at examinations	4,653
Number of children found to have defects	5,972
Home visits by nursing staff	6,320
Home visits by medical staff	134
Office medical consultations	914

Adult Health: No full scale adult medical or nursing service is provided, but on a limited basis, at the request of practising physicians, assistance is given to adult residents. This is regarded as an educational service, whereby bedside nursing care, injection techniques, etcetera, are demonstrated until relatives or the patient are able to follow recommended treatment procedures. Over the year, 3,807 adults received individual service in their homes or at the local health office. A total of 3,075 home visits were made by the nursing staff, 84 house calls were made by the medical staff, while adults visited the office on 2,069 occasions for medical consultation.

Crippled Children: Each local health unit keeps a register of all children with crippling conditions, within the unit area, and notifications of new discoveries are made to the Registry of the Department of Health and Public Welfare. In the rural areas, the Society for Crippled Children bases its operation on local health units and their diagnostic and therapy clinics are held mainly at unit centres. Each year the arrangements for such clinics are made by the unit staff and regular follow-up home visits are made to advise, observe and report on progress. During the year 260 individual crippled children were supervised, arrangements made for their medical assessment or physiotherapy treatment, and follow-up in the home made by 434 field visits.

Mental Health: In the suburban local health units, and in the rural units of Selkirk, Portage la Prairie and Brandon, Child Guidance Services are provided on a continuing basis by the Provincial Psychiatrist and the staffs of Hospitals for Mental Diseases, and the Child Guidance Clinic of Greater Winnipeg. In some of the other rural units this service is provided by psychiatrist team visits from Brandon Hospital for Mental Diseases several times a year. The local health unit staff make all the necessary arrangements, with parents, teachers and guardians when these child guidance clinics are available and the facilities of the unit offices are utilized. This is an excellent service, which is unfortunately limited due to lack of trained personnel. In 1958, only eleven clinics were held in the rural units, in connection with which, the staff made a total of 373 home visits.

Health Education: A continuous health education program is carried out by all members of the health unit staff in their day to day activities, when visiting homes, when conducting well baby clinics or at school. Each unit, however, regards health education as one of its routine services and develops a program suited to its needs. A large stock of pamphlets, leaflets, books, etcetera, are kept on hand and displayed at baby clinics or at fairs. Special exhibits are sometimes displayed and lectures, film shows, radio talks and occasionally television appearances are given when requested. Each unit has a film sound projector and film strip and slide projector, and this equipment is continuously in use. During the year 328 lectures were given and 352 films shown to an audience of 10,396. Frequent newspaper and radio releases were given and several radio talks and television appearances made.

Unfortunately, this service was interrupted this year when two health educators, allocated to provide a continuing health education program in rural local health units, resigned and left the service. It is to be hoped that in 1959 suitable personnel will be obtained to provide this program in the rural units.

Sanitation: Each unit provides complete sanitation services over its whole area and is responsible for administering the Regulations under The Public Health Act and Local By-Laws pertaining to health. This involves a continuing large scale program of supervision and inspections covering such differing matters as garbage, waste and sewage disposal, installation of plumbing and drainage systems, industrial premises and offensive trades, tourist and industrial camps, public premises and schools, investigation of nuisances and reported insanitary conditions in premises, and control of rodents and insect pests. Special emphasis is placed on control of food and milk handling establishments and supervision of local water supplies, with regular inspections and sampling of milk, milk products, and water for routine laboratory analysis.

The following tabulation indicates some of the highlights of the service rendered in local health units by the sanitary inspectors:-

a) General Sanitation:

Field visits regarding sewage disposal	1,203
Field visits regarding plumbing and drainage	2,497
Field visits regarding insanitary conditions	1,588
Inspection visits to public premises	627
Inspection visits to industrial premises, offensive trades, etcetera	399
Inspection visits to camps, tourist resorts, swimming places	588
Inspection visits to schools	502
Inspection visits to waste disposal grounds	464
Field visits to municipal and private water supplies, wells, water carriers	3,534
Investigations and follow-up visits regarding nuisances ...	2,539
Field visits to control rodents and insect pests	428
Office interviews on general sanitation	3,563

b) Food and Milk Control:

Visits and inspections to raw milk producers	287
Visits and inspections to milk plants	497
Visits and inspections to locker plants	248
Visits and inspections to restaurants	2,146
Visits and inspections to slaughterhouses	205
Visits and inspections to bottling plants	104
Visits and inspections to grocers, bake-shops, fish plants and unclassified food stores	842

c) Laboratory Analysis:

Water samples collected for bacterial analysis	4,751
Water samples collected for chemical analysis	1,443
Water samples collected for nitrate analysis	1,157
Water samples collected for fluorine analysis	88
Milk samples collected -- raw	3,926
Milk samples collected -- pasteurized	4,298
Miscellaneous food, blood, etc. samples collected	154

Administration: An advisory board to each local health unit is appointed annually by the Minister of Health and Public Welfare to supervise the activities, functions, expenditure and personnel of each unit. The members of the advisory boards are appointed from the councils of participating municipalities, towns and villages and from interested citizens of the area. Two of the larger units with large advisory boards have appointed smaller executive committees which meet on alternate months, or oftener at the call of the chairman.

During 1958, the thirteen advisory boards held a total of 93 meetings, while the Executive Committees met on 19 occasions.

HOSPITALIZATION

Director - E. R. RAFUSE, M.D.

The Annual Report of the Bureau of Hospitalization for the calendar year 1957 is submitted herewith.

One new hospital opened in 1957, the St. Claude Medical Nursing Unit, February 18, 1957.

Three hospitals closed in 1957; Ethelbert General Hospital July 1957; The Memorial Hospital at Vita February 1957 and the St. Joseph's Hospital closed as a Private Hospital and became a Nursing Home for The Aged and Infirm in July 1957.

Inter-provincial agreements for the care of patients suffering from Tuberculosis are handled completely between this bureau and the provinces concerned. The number of patients involved, rate per day, days accrued by them and monies received and paid out in this connection are as follows:

Table I - Residents of Other Provinces Treated in Manitoba Sanatoria

<u>Province</u>	<u>No. of Patients</u>	<u>Rate</u>	<u>Days Accrued</u>	<u>Amount Received</u>
Ontario	20	5.50	850	4,675.00
		6.50	1,875	12,187.50
Saskatchewan	13	5.50	495	2,722.50
		6.30	1,110	6,993.00
Alberta	2	6.50	266	1,729.00
British Columbia	2	5.50	768	4,224.00
Quebec	8	4.50	554	2,493.00
		6.30	1,434	9,034.20
TOTAL	45		7,352	44,058.20

Table II - Residents of Manitoba Treated in Sanatoria in Other Provinces

<u>Province</u>	<u>No. of Patients</u>	<u>Rate</u>	<u>Days Accrued</u>	<u>Amount Paid</u>
Ontario	8	5.50	271	1,490.50
		6.50	1,085	7,052.50
Saskatchewan	4	5.50	288	1,584.00
		6.30	592	3,729.60
Alberta	4	5.50	89	489.50
		6.50	458	2,977.00
British Columbia	4	5.50	633	3,481.50
Quebec	NIL			
TOTAL	20		3,416	20,804.60

For the year 1957, the sum of \$64,862.50 was involved or an average of \$5,405.21 per month. The daily rates for the above mentioned are as follows: Ontario, \$5.50 per day until the new rate became effective April 1, 1957 to \$6.50 per day;

Saskatchewan, \$5.50 per day until the new rate became effective April 1, 1957 to \$6.30 per day;

Alberta, \$5.50 per day until the new rate became effective April 1, 1957 to \$6.50 per day;

Quebec \$4.50 per day until the new rate became effective April 1, 1957 to \$6.30 per day;

British Columbia \$5.50 per day.

Appended hereto are the following tables relating to hospitalization in Manitoba:-

Table III	-	Distribution of Availability Grant: Special Grants and Per Diem Maintenance payments made;
Table IV	-	Reports of Patients from unorganized territory, non-residents, Per Diem maintenance cost including out-patients costs;
Table V	-	Per Diem maintenance classified to patient's residence for cases chargeable to Department of Health and Public Welfare, which accounts have actually been paid during the period 1952 - 1957;
Table VI	-	Per Diem Maintenance in Types of Hospitals for Cases chargeable to Department of Health and Public Welfare 1952 - 1957;
Table VII	-	Movement of Patients;
Table VIII	-	Average stay and Number of Patients - 1957. Percentage Bed Capacity, Based on Rated Capacity; and 1957 Death Rate;
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Table X	-	Private Hospitals: Movement of patient population and allied information. Patient Days of all Patients Hospitalized during year 1957;
Table XI	-	Private Hospitals - Average Length of Stay and Allied Information - 1957.

Table III - Statutory and Availability Grants and Per Diem Maintenance Payments Made By The Department of Health and Public Welfare for the Calendar Year Ended December 31, 1957.

Hospital	Distribution of		Per Diem		Total
	Availability Grant	Special Grant	Maintenance	Transportation	
Over 100 Beds					
Brandon General Hospital	\$.....	\$.....	\$ 12,019.92	\$.....	\$ 12,019.92
Children's Hospital	.....	70,852.17	69,009.58	.....	139,861.75
Grace Hospital	.....	.....	15,129.63	.....	15,129.63
Misericordia General Hospital	.....	.....	18,909.03	.....	18,909.03
St. Boniface Hospital	.....	.....	115,606.42	.....	115,606.42
Victoria Hospital	.....	.....	17,641.64	.....	17,641.64
Winnipeg General Hospital	.....	16,297.67	163,289.82	221.35	179,808.84
TOTAL	\$.....	\$87,149.84	\$411,606.04	\$221.35	\$498,977.23
51 to 100 Beds					
Concordia Hospital	\$.....	\$.....	\$ 389.18	\$.....	\$ 389.18
Dauphin General Hospital	.....	.....	9,772.47	.....	9,772.47
Flin Flon General Hospital	.....	.....	29,377.62	4.20	29,381.82
Morden District Hospital	6,710.00	.....	132.00	.....	132.00
Portage District Hospital	.....	.....	6,896.70	.....	6,896.70
St. Anthony's Hospital, The Pas	.....	.....	66,968.72	194.10	67,162.82
Ste. Rose Hospital	.....	.....	25,573.00	293.75	25,866.75
Selkirk General District Hospital	.....	.....	8,485.55	.....	8,485.55
TOTAL	\$ 6,710.00	\$.....	\$147,595.24	\$492.05	\$148,087.29
31 to 50 Beds					
Bethel Hospital, Winkler	\$ 788.00	\$.....	\$ 2,292.75	\$.....	\$ 2,292.75
Bethesda Hospital, Steinbach	3,128.00	.....	3,607.66	.....	3,607.66
Carman District Hospital	3,630.00	.....	4,152.75	.....	4,152.75
Johnson Memorial Hospital, Gimli	3,813.00	.....	10,061.03	.....	10,061.03
Neepawa District Hospital	1,833.00	.....	458.80	.....	458.80
Sacred Heart Hospital, Russell	2,785.00	.....	1,281.00	.....	1,281.00
Virden District Hospital	2,300.00	.....	540.80	.....	540.80
TOTAL	\$18,277.00	\$.....	\$22,394.79	\$.....	\$ 22,394.79

Hospital	Distribution of		Per Diem		Total
	Availability Grant	Special Grant	Maintenance	Transportation	
16 to 30 Beds					
Altona District Hospital	\$ 756.00	\$.....	\$ 631.75	\$.....	\$ 631.75
Beausejour District Hospital	691.00	.....	3,123.20	.....	3,123.20
Crerar Hospital, Winnipegosis	714.00	.....	19,371.30	450.50	19,821.80
Crystal City Medical Nursing Unit	1,374.00	.....	609.90	.....	609.90
Deloraine District Hospital	1,076.00	.....	3,039.30	.....	3,039.30
Desalaberry Medical Nursing Unit, St. Pierre	680.00	.....	909.20	.....	909.20
Fox Memorial Hospital, Carberry	626.00	.....	210.00	.....	210.00
Gladstone District Hospital	1,488.00	.....	2,696.65	.....	2,696.65
Hamiota District Hospital	723.00	.....	243.35	.....	243.35
Hunter Memorial District Hospital, Teulon	2,172.00	.....	4,573.52	.....	4,573.52
Killarney District Hospital	4,343.00	.....	1,287.45	.....	1,287.45
Minnedosa District Hospital	723.00	.....	1,685.70	.....	1,685.70
Morris District Hospital	669.00	.....	.....	.....	.....
Pine Falls Hospital	3,259.00	.....	5,825.14	.....	5,825.14
Roblin District Hospital	3,081.00	.....	6,106.49	.....	6,106.49
Shoal Lake District Hospital	604.00	.....	784.95	.....	784.95
Souris District Hospital	1,649.00	.....	3,246.30	.....	3,246.30
Swan River District Hospital	767.00	.....	10,313.91	.....	10,313.91
The Memorial Hospital, Vita	.....	.....	1,573.83	.....	1,573.83
Dr. Wilson Memorial Hospital, Melita	1,665.00	.....	1,460.60	.....	1,460.60
TOTAL	\$27,060.00	\$.....	\$67,692.54	\$450.50	\$ 68,143.04
9 to 15 Beds					
Beniot Medical Nursing Unit	\$ 817.00	\$.....	\$ 1,218.19	\$.....	\$ 1,218.19
Birch River Medical Nursing Unit	1,432.00	.....	5,655.00	.....	5,655.00
Birtle District Hospital	593.00	.....	2,333.00	.....	2,333.00
Boissevain & Morton Memorial Hospital	1,358.00	.....	274.25	.....	274.25
E.M. Crowe Memorial Hospital, Eriksdale	817.00	.....	208.45	.....	208.45
Emerson Medical Nursing Unit	591.00	.....	206.80	.....	206.80
Ethelbert General Hospital	.....	.....	3,241.49	.....	3,241.49
Fisher Branch Medical Nursing Unit	1,861.00	.....	3,247.90	.....	3,247.90
Gilbert Plains Medical Nursing Unit	550.00	.....	713.60	.....	713.60
Glenboro Medical Nursing Unit	561.00	.....	.....	.....	.....
Grandview District Hospital	593.00	.....	1,033.38	.....	1,033.38
Lorne Memorial Medical Nursing Unit, Swan Lake	1,176.00	.....	156.70	.....	156.70

Rosburn Medical Nursing Unit	550.00	. . . . .	432.40	. . . . .	432.40
St. Claude Medical Nursing Unit	1,939.00	. . . . .	97.31	. . . . .	97.31
Siglunes Medical Nursing Unit, Ashern	495.00	. . . . .	5,677.52	. . . . .	5,677.52
Whitemouth Medical Nursing Unit	735.00	. . . . .	2,327.60	. . . . .	2,327.60
TOTAL	\$14,068.00	\$	\$26,823.59	\$	\$26,823.59
<u>Under 9 Beds</u>					
Arborg Memorial Medical Nursing Unit	\$ 1,233.00	\$	\$ 1,853.25	\$	\$ 1,853.25
Baldur Medical Nursing Unit	440.00	. . . . .	. . . . .	. . . . .	. . . . .
Cartwright Medical Nursing Unit	1,518.00	. . . . .	. . . . .	. . . . .	. . . . .
Elkhorn Medical Nursing Unit	845.00	. . . . .	109.53	. . . . .	109.53
Erickson Medical Nursing Unit	440.00	. . . . .	1,174.25	. . . . .	1,174.25
Hartney Medical Nursing Unit	220.00	. . . . .	2,954.00	. . . . .	2,954.00
Manitou Medical Nursing Unit	586.00	. . . . .	. . . . .	. . . . .	. . . . .
McCreary Medical Nursing Unit	440.00	. . . . .	5,375.19	. . . . .	5,375.19
North-Norfolk MacGregor Medical Nursing Unit	275.00	. . . . .	. . . . .	. . . . .	. . . . .
Notre Dame Medical Nursing Unit	813.00	. . . . .	. . . . .	. . . . .	. . . . .
Pilot Mound Medical Nursing Unit	480.00	. . . . .	1,596.00	. . . . .	1,596.00
Reston Medical Nursing Unit	440.00	. . . . .	31.20	. . . . .	31.20
Rockwood-Stonewall Medical Nursing Unit	440.00	. . . . .	87.50	. . . . .	87.50
Ste. Anne Medical Nursing Unit	440.00	. . . . .	2,310.63	. . . . .	2,310.63
Wawanesa Medical Nursing Unit	275.00	. . . . .	. . . . .	. . . . .	. . . . .
TOTAL	\$ 8,885.00	\$	\$15,491.55	\$	\$15,491.55
<u>Contagious</u>					
Winnipeg Municipal Hospital (King George)	\$	\$	\$14,256.52	\$ 97.00	\$14,353.52
TOTAL	\$	\$	\$14,256.52	\$ 97.00	\$14,353.52
<u>Convalescent and Chronic</u>					
Convalescent Hospital	\$	\$	\$ 5,779.70	\$ 1.80	\$ 5,781.50
Winnipeg Municipal Hospitals - King Edward . . . . .	. . . . .	. . . . .	473,484.57	91.40	473,575.97
Winnipeg Municipal Hospitals - Princess Elizabeth . . . . .	. . . . .	. . . . .	17,910.17	60.00	17,970.17
TOTAL	\$	\$	\$497,174.44	\$153.20	\$497,327.64
GRAND TOTAL	\$75,000.00	\$87,149.84	\$1,203,034.71	\$1,414.10	\$1,291,598.65

Hospital	Distribution of		Per Diem		Total
	Availability Grant	Special Grant	Maintenance	Transportation	
Hospitals outside Province	\$.....	\$.....	2,234.74	\$.....	\$ 2,234.74
Reimbursements to Winnipeg and other Municipalities .....	.....	.....	1,788.57	.....	1,788.57
Payments to Mental Hospitals - re: Immigrants .....	.....	.....	30.00	.....	30.00
Payments to Private Hospitals .....	.....	.....	829.40	.....	829.40
Payments to Deer Lodge Hospital - Paraplegic..	.....	.....	2,270.40	.....	2,270.40
Fisher River Indian Hospital .....	.....	.....	1,192.50	.....	1,192.50
Fort Churchill Military Hospital .....	.....	.....	6,228.80	.....	6,228.80
Norway House Indian Hospital .....	.....	.....	2,150.50	.....	2,150.50
TOTAL	\$75,000.00	\$87,149.84	\$1,219,759.62	\$1,414.10	\$1,308,323.56
Burial Payments .....	.....	.....	.....	.....	\$ 5,849.27
TOTAL	\$75,000.00	\$87,149.84	\$1,219,759.62	\$1,414.10	\$1,314,172.83
* Transportation Payments to Various Companies .....	.....	.....	.....	\$1,826.68	\$ 1,826.68
GRAND TOTAL	\$75,000.00	\$87,149.84	\$1,219,759.62	\$3,240.78	\$1,315,999.51

* A total of \$1,414.10 was paid by this bureau to hospitals as shown above which had paid for transportation costs to their homes of indigent patients hospitalized and who were provincial responsibilities. In addition, a further sum of \$1,826.68 was paid by this bureau direct to various companies for transportation of indigent patients who were provincial responsibilities and who were unable to pay their way back to their homes.

N.B: The sum of \$861,673.20 was paid to the Sanatorium Board of Manitoba for distribution to the various sanatoria by this bureau. This amount was paid under The Tuberculosis Control Act and hence does not appear as a disbursement under this report. In addition, a further sum of \$1,418.13 was paid by this bureau direct to sanatoria and various companies for transportation and burial.

Table IV - Reports of Patients From Unorganized Territory, Non-Residents, (Public Wards Only) Per Diem Maintenance Cost Including Out-Patients Costs for the Calendar Year Ended December 31, 1957 - Manitoba Hospitals

Hospital	Institutional	Non-Resident	No Fixed Abode	Immigrants	Unorganized	Sec. 21B of The Hospital Aid Act	Total
Over 100 Beds							
Brandon General Hospital.....	1,650.20	1,885.81	1,780.46	875.95	202.50	5,625.00	12,019.92
Children's Hospital.....	12,551.98	12,017.73	8,474.84	2,434.55	27,986.48	5,544.00	69,009.58
Grace Hospital	1,436.02	4,342.92	2,840.42	1,844.75	3,270.52	1,395.00	15,129.63
Misericordia General Hospital	1,651.05	7,650.05	1,752.90	3,649.27	4,205.76	.....	18,909.03
St. Boniface Hospital.....	6,269.05	20,615.57	17,026.04	2,611.68	53,761.33	15,322.75	115,606.42
Victoria Hospital	1,123.46	3,773.36	2,401.16	848.59	8,105.07	1,390.00	17,641.64
Winnipeg General Hospital	4,972.33	45,522.94	26,844.00	8,700.58	65,340.47	11,909.50	163,289.82
TOTAL	29,654.09	95,808.38	61,119.82	20,965.37	162,872.13	41,186.25	411,606.04
51 to 100 Beds							
Concordia Hospital.....	.....	.....	.....	190.30	198.88	.....	389.18
Dauphin General Hospital	129.22	514.70	646.16	.....	7,178.54	1,303.85	9,772.47
Flin Flon General Hospital	77.50	8,540.43	136.88	323.00	15,237.31	5,062.50	29,377.62
Morden District Hospital .....	.....	.....	.....	132.00	.....	.....	132.00
Portage District Hospital	1,619.19	1,771.57	328.40	264.00	1,834.04	1,079.50	6,896.70
St. Anthony's Hospital, The Pas	524.75	1,543.77	340.50	.....	59,648.40	4,911.30	66,968.72
Ste. Rose Hospital .....	.....	.....	74.00	.....	22,814.00	2,685.00	25,573.00
Selkirk General District Hospital.....	708.75	806.95	1,922.30	63.00	2,151.55	2,833.00	8,485.55
TOTAL	3,059.41	13,177.42	3,448.24	972.30	109,062.72	17,875.15	147,595.24
31 to 50 Beds							
Bethel Hospital, Winkler .....	.....	521.25	63.50	.....	.....	1,708.00	2,292.75
Bethesda Hospital, Steinbach	328.45	502.22	318.90	148.00	2,310.09	.....	3,607.66
Carman District Hospital .....	.....	.....	.....	86.75	.....	4,066.00	4,152.75
Johnson Memorial Hospital, Gimli .....	.....	.....	1,134.70	.....	8,926.33	.....	10,061.03
Neepawa District Hospital	126.40	279.00	25.50	.....	27.90	.....	458.80
Sacred Heart Hospital, Russell .....	.....	.....	.....	.....	.....	1,281.00	1,281.00
Virten District Hospital .....	.....	512.80	14.00	.....	14.00	.....	540.80
TOTAL	454.85	1,815.27	1,556.60	234.75	11,278.32	7,055.00	22,394.79

Hospital	Institutional	Non-Resident	No Fixed Abode	Immigrants	Unorganized	Sec. 21B of The Hospital Aid Act	Total
16 to 30 Beds							
Altona District Hospital	133.25	183.00	.....	.....	315.50	.....	631.75
Beausejour District Hospital	131.00	66.00	246.90	36.00	2,643.30	.....	3,123.20
Crerar Hospital, Winnipegosis	.....	.....	.....	.....	19,371.30	.....	19,371.30
Crystal City Medical Nursing Unit	49.90	.....	18.00	.....	94.00	448.00	609.90
Deloraine District Hospital	.....	.....	590.10	.....	.....	2,449.20	3,039.30
Desalaberry Medical Nursing Unit,							
St. Pierre	.....	331.50	242.65	.....	335.05	.....	909.20
Fox Memorial Hospital, Carberry	83.00	91.00	36.00	.....	.....	.....	210.00
Gladstone District Hospital	.....	.....	55.25	.....	2,148.40	493.00	2,696.65
Hamlota District Hospital	46.60	3.00	94.75	.....	99.00	.....	243.35
Hunter Memorial District Hospital, Teulon	42.50	.....	42.50	.....	2,952.52	1,536.00	4,573.52
Killarney District Hospital	.....	76.19	1,211.26	.....	.....	.....	1,287.45
Minnedosa District Hospital	126.25	138.00	858.60	50.50	512.35	.....	1,685.70
Morris District Hospital	.....	.....	.....	.....	.....	.....	.....
Pine Falls Hospital	74.50	27.30	320.75	.....	5,402.59	.....	5,825.14
Roblin District Hospital	29.70	153.40	78.70	.....	5,844.69	.....	6,106.49
Shoal Lake District Hospital	27.25	46.00	.....	.....	711.70	.....	784.95
Souris District Hospital	74.00	.....	283.05	45.50	1,596.75	1,247.00	3,246.30
Swan River District Hospital	.....	150.80	104.30	.....	10,058.81	.....	10,313.91
The Memorial Hospital, Vita	.....	.....	.....	.....	1,573.83	.....	1,573.83
Dr. Willson Memorial Hospital, Melita	.....	161.00	.....	.....	.....	1,299.60	1,460.60
TOTAL	817.95	1,427.19	4,182.81	132.00	53,659.79	7,472.80	67,692.54
9 to 15 Beds							
Benito Medical Nursing Unit	686.00	.....	.....	.....	532.19	.....	1,218.19
Birch River Medical Nursing Unit	.....	.....	.....	.....	4,724.00	931.00	5,655.00
Birtle District Hospital	27.75	83.25	.....	.....	76.00	2,146.00	2,333.00
Bolssevain & Morton Memorial Hospital.	.....	64.25	.....	.....	.....	210.00	274.25
E.M. Crowe Memorial Hospital,							
Eriksdale	18.50	.....	.....	.....	189.95	.....	208.45
Emerson Medical Nursing Unit	.....	.....	.....	.....	206.80	.....	206.80
Ethelbert General Hospital	.....	.....	.....	.....	3,241.49	.....	3,241.49
Fisher Branch Medical Nursing Unit	54.00	71.20	.....	.....	3,122.70	.....	3,247.90
Gilbert Plains Medical Nursing Unit	.....	125.05	.....	.....	.....	588.55	713.60

Glenboro Medical Nursing Unit	.....	.....	.....	.....	.....	.....	.....	.....	.....
Grandview District Hospital	.....	.....	.....	60.00	.....	.....	.....	.....	.....
Lorne Memorial Medical Nursing Unit,									
Swan Lake	.....	75.00	.....	.....	36.70	45.00	.....	.....	156.70
Rosscburn Medical Nursing Unit	333.10	51.00	.....	.....	.....	48.30	.....	.....	432.40
Ste. Claude Medical Nursing Unit	.....	.....	.....	.....	97.31	.....	.....	.....	97.31
Siglunes Medical Nursing Unit, Ashern	.....	97.94	15.00	.....	.....	4,743.08	821.50	.....	5,677.52
Whitemouth Medical Nursing Unit	.....	54.00	.....	.....	.....	2,273.60	.....	.....	2,327.60
TOTAL	1,119.35	621.69	75.00	.....	134.01	19,539.49	5,334.05	.....	26,823.59
Under 9 Beds									
Arborg Memorial Medical Nursing Unit	.....	.....	24.00	.....	.....	1,829.25	.....	.....	1,853.25
Baldur Medical Nursing Unit	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cartwright Medical Nursing Unit	.....	.....	.....	.....	.....	.....	.....	.....	.....
Elkhorn Medical Nursing Unit	.....	109.53	.....	.....	.....	.....	.....	.....	109.53
Erickson Medical Nursing Unit	428.00	93.00	.....	.....	.....	653.25	.....	.....	1,174.25
Hartney Medical Nursing Unit	.....	.....	.....	.....	.....	.....	2,954.00	.....	2,954.00
Manitou Medical Nursing Unit	.....	.....	.....	.....	.....	.....	.....	.....	.....
McCreary Medical Nursing Unit	41.43	275.47	.....	.....	.....	5,058.29	.....	.....	5,375.19
North-Norfolk MacGregor Medical									
Nursing Unit, MacGregor	.....	.....	.....	.....	.....	.....	.....	.....	.....
Notre Dame Medical Nursing Unit	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pilot Mound Medical Nursing Unit	.....	.....	.....	.....	.....	.....	1,596.00	.....	1,596.00
Reston Medical Nursing Unit	.....	31.20	.....	.....	.....	.....	.....	.....	31.20
Rockwood-Stonewall Medical Nursing Unit	.....	87.50	.....	.....	.....	.....	.....	.....	87.50
Ste. Anne Medical Nursing Unit	.....	.....	.....	.....	.....	2,310.63	.....	.....	2,310.63
Wawanesa Medical Nursing Unit	.....	.....	.....	.....	.....	.....	.....	.....	.....
TOTAL	469.43	596.70	24.00	.....	.....	9,851.42	4,550.00	.....	15,491.55
Contagious									
Winnipeg Municipal Hospitals									
(King George)	1,946.20	2,286.05	4,585.75	.....	1,018.30	4,420.22	.....	.....	14,256.52
TOTAL	1,946.20	2,286.05	4,585.75	.....	1,018.30	4,420.22	.....	.....	14,256.52

Hospital	Institutional	Non-Resident	No Fixed Abode	Immigrants	Unorganized	Sec. 21B of The Hospital Aid Act	Total
Convalescent and Chronic							
Convalescent Hospital	881.05	2,791.80	2,039.85	.....	67.00	.....	5,779.70
Winnipeg Municipal Hospitals -							
King Edward .....	.....	2,978.03	5,101.80	.....	11,003.99	454,400.75	473,484.57
Winnipeg Municipal Hospitals -							
Princess Elizabeth	3,311.85	4,532.60	5,639.32	.....	4,426.40	.....	17,910.17
TOTAL	4,192.90	10,302.43	12,780.97	.....	15,497.39	454,400.75	497,174.44
GRAND TOTAL	41,714.18	126,035.13	87,773.19	23,456.73	386,181.48	537,874.00	1,203,034.71
Paid to Hospitals outside the Province .	79.20	208.35	63.09	.....	1,884.10	.....	2,234.74
Reimbursements to Winnipeg and other							
Municipalities for accounts inadvertently paid .....	.....	235.63	882.70	.....	670.24	.....	1,788.57
Paid to Mental Hospitals -							
re: Immigrants .....	.....	.....	.....	30.00	.....	.....	30.00
Paid to Private Hospitals .....	.....	.....	.....	.....	829.40	.....	829.40
Paid to Deer Lodge Hospital -							
Paraplegics .....	.....	.....	1,597.20	.....	.....	673.20	2,270.40
Fisher River Indian Hospital .....	.....	.....	.....	.....	1,192.50	.....	1,192.50
Fort Churchill Military Hospital .....	.....	1.50	.....	.....	6,227.30	.....	6,228.80
Norway House Indian Hospital .....	.....	.....	.....	.....	2,150.50	.....	2,150.50
TOTAL	41,793.38	126,480.61	90,316.18	23,486.73	399,135.52	538,547.20	1,219,759.62
Burial Expenses .....	.....	.....	.....	.....	.....	.....	5,849.27
Transportation Costs .....	.....	.....	.....	.....	.....	.....	1,826.68
GRAND TOTAL:							\$1,227,435.57

Table V - Per Diem Maintenance Classified According to Patients' Residence for Cases Chargeable to Department of Health and Public Welfare, Which Accounts Have Actually Been Paid During the Period 1952 - 1957.

Year	Section 21B	No Fixed		Non-Displaced		Institutional	Immigrants	Total
		Unorganized	Aboide	Residents	Persons			
1952	239,384.32	14,076.85	* 43,328.07	**5,073.05	9,550.54	.....	311,412.83
1953	132,393.08	15,662.85	25,175.50	.....	12,451.25	** 573.75	186,256.43
1954	149,029.63	33,280.40	35,942.00	.....	18,229.00	*** 11,060.55	247,541.58
1955	169,217.60	38,327.70	44,084.45	.....	23,902.80	*** 12,338.48	287,871.03
1956	337,526.23	69,348.30	86,691.75	.....	33,305.53	*** 8,753.23	535,625.08
1957	***** 538,547.20	339,135.52	90,316.18	126,480.61	.....	41,793.38	*** 23,486.73	1,219,759.62

* This amount includes the sum of \$2,153.50 paid for hospitalization of displaced persons, 50% of which was recovered from the Federal Government under the Federal-Provincial Agreement.

** \$5,073.05 was paid for hospitalization of displaced persons and 50% of this amount was recovered from the Federal Government under the terms of the Federal-Provincial Agreement for Displaced Persons.

*** The agreement for the care of immigrants displaced the previous agreement which provided only for the care of Displaced Persons. This came into effect on October 1, 1952 but it was in November of 1953 before the Regulations had been established under which the agreement is administered. As previously, 50% of all payments for hospitalization of immigrants is recovered from the Federal Government. During the short period of two months before the end of the calendar year, \$573.75 was paid out. However, there was a large backlog and the total payment for Immigrants during the year 1953 would have been much larger but the shortness of time disallowed for dealing with all the backlog. The 1954 payments will be very much larger accordingly. The agreement provided for the care in hospitals of unemployed immigrants or immigrants reduced to indigency from other causes during their first year's stay in Canada. Fifty percent (50%) is recollected from the Federal Government. Some attempt is made to recover the payment as the reduced financial status of the immigrant is often temporary. Again, 50% of these recoveries is repaid to the Federal Government

**** 50% of this amount was recovered from the Federal Government under the Federal-Provincial Agreement. The families of service men and civilian workers in service camps after living in a service camp for one year, became provincial responsibilities. The amount of \$17,717.81 was required to be paid for the hospitalization of these cases classified as "Federal Special".

***** The 180 day Disaster Plan under the provisions of Section 21B of The Hospital Aid Act became effective April 1, 1957 and the amount paid out from April 1, 1957 to December 31, 1957 was \$538,547.20. This amount was required for the hospitalization of those disaster cases classified as "Section 21B".

Table VI - Per Diem Maintenance in Types of Hospitals for Cases Chargeable to the Department of Health and Public Welfare
1952 - 1957

Year	General Hospitals	Isolation (King George)	T. B. Sanatoria	Total
1952	185,713.38	2,745.00	122,954.45	311,412.83
1953	183,990.68	2,265.75	* 789,740.70	975,997.13
1954	240,756.88	6,784.70	*** 832,069.55	1,079,611.13
1955	278,661.03	9,210.00	** 801,830.05	1,089,674.08
1956	525,807.88	9,817.20	**** 791,998.40	1,327,623.48
1957	1,205,503.10	14,256.52	***** 861,673.20	2,081,432.82

* From January 1, 1953, this bureau paid the Sanatorium Board on a quarterly basis: (they submit a report showing number of days in each institution. We paid at \$4.10 per day and the Sanatorium Board disbursed payment.) Previously, we paid a per diem rate of \$2.60 per day to all sanatoria.

*** From January 1, to December 31, 1954, this bureau paid the Sanatorium Board on a quarterly basis at the rate of \$4.50 per day and the Sanatorium Board disbursed the payments which amounted to \$832,069.55.

** From January 1, to December 31, 1955, this bureau paid the Sanatorium Board on a quarterly basis at the rate of \$4.85 per day and the Sanatorium Board disbursed the payments which amounted to \$801,830.05.

**** From January 1, to December 31, 1956, this bureau paid the Sanatorium Board on a quarterly basis at the rate of \$4.85 per day and the Sanatorium Board disbursed the payments which amounted to \$791,998.40.

***** From January 1, to December 31, 1957, this bureau paid the Sanatorium Board on a quarterly basis at the rate of \$5.80 per day and the Sanatorium Board disbursed the payments which amounted to \$861,673.20.

Table VII - Movement of Patients for Calendar Year 1957
In-Patients (Exclusive of Stillbirths) - Out-Patients and Patient Days

Hospitals	(a)										(b)		(c)	
	In-Patients (excluding stillbirths)										Patient Days During Year		Out-Patients	
	In Hospital At Beginning of Year		Admissions During Year 1957		Deaths During Year 1957		Discharges During Year 1957		Total		Number of Patients	Number of Visits		
	Adults and Children	Newborn	Adults and Children	Newborn	Adults and Children	Newborn	Adults and Children	Newborn	Adults and Children	Newborn	Total			
Over 100 Beds														
Brandon General.....	97	13	4,440	795	5,345	4,303	775	139	19	39,671	5,632	45,303	....	4,789
Children's	99	..	7,032	...	7,131	6,907	...	84	..	49,393	.....	49,393	10,084	21,379
Grace	150	32	8,220	2,041	10,443	8,046	2,020	195	27	66,277	12,624	78,901	2,074	4,678
Misericordia	208	27	11,976	1,662	13,873	11,686	1,629	263	29	90,056	8,813	98,869	5,616	6,829
St. Boniface	442	41	21,272	2,956	24,711	20,696	2,881	505	57	213,773	16,922	230,695	17,391	33,031
Victoria	77	4	5,540	340	5,961	5,323	343	200	..	45,420	2,092	47,512	927	1,452
Winnipeg General	526	53	19,700	4,068	24,347	19,050	3,987	683	76	217,226	25,781	243,007	22,335	71,989
TOTAL	1,599	170	78,180	11,862	91,811	76,011	11,635	2,069	208	721,816	71,864	793,680	58,427	144,147
51 to 100 Beds														
Concordia	43	9	3,360	659	4,071	3,276	658	72	3	22,967	3,473	26,440	.....	.....
Dauphin General	51	10	2,199	311	2,571	2,140	315	73	3	15,321	1,999	17,320	375	391
Flin Flon General	69	10	2,513	457	3,049	2,506	456	26	4	25,666	3,497	29,163	1,404	3,279
Morden	19	3	923	140	1,085	902	138	20	2	7,847	1,076	8,923	502	788
Portage	42	4	3,250	624	3,920	3,185	612	67	8	20,244	2,865	23,109	531	570
St. Anthony's	77	10	2,647	397	3,131	2,607	393	44	3	27,906	2,730	30,636	1,244	118
Ste. Rose	20	3	1,813	162	1,998	1,772	158	41	5	11,969	987	12,956	269	289
Selkirk General	45	3	2,429	384	2,861	2,375	380	75	5	15,451	1,607	17,058	1,046	1,388
TOTAL	366	52	19,134	3,134	22,686	18,763	3,110	418	33	147,371	18,234	165,605	5,371	6,823

Hospitals	(a) In-Patients (excluding stillbirths)						(b) Patient Days During Year					(c) Out-Patients	
	In Hospital At Beginning of Year	Admissions During Year 1957		Discharges During Year 1957		Deaths During Year 1957	Total			Number of Patients	Number of Visits		
		Adults & Children	Newborn	Adults & Children	Newborn		Adults & Children	Newborn	Adults & Children			Newborn	
31 to 50 Beds													
Bethel.....	21	7	1,574	270	1,872	1,549	269	17	1	9,732	11,842	1,030	1,030
Bethesda	11	3	1,644	256	1,914	1,602	254	23	3	8,500	9,809	.....	1,687
Carman.....	21	3	646	143	813	609	144	33	..	8,264	9,097	677	710
Johnson Memorial	23	5	1,155	249	1,432	1,130	248	32	2	6,217	7,494	272	382
Neepawa.....	14	2	1,172	173	1,361	1,153	170	24	2	7,664	8,595	245	.....
Sacred Heart	16	2	926	155	1,099	901	153	24	..	6,979	7,837	374	161
Viriden	14	1	1,182	250	1,447	1,168	242	15	3	6,664	8,061	327	418
TOTAL	120	23	8,299	1,496	9,938	8,112	1,480	168	11	54,020	62,735	2,925	4,388
16 to 30 Beds													
Altona	21	7	1,398	303	1,729	1,371	300	29	6	8,297	10,173	709	457
Beausejour	10	..	1,076	229	1,315	1,059	221	17	6	6,154	7,188	194	224
Crerar	14	4	815	130	963	799	131	18	1	6,120	6,702	44	60
Crystal City	7	1	329	43	380	321	44	9	..	2,796	3,098	125	187
Deloraine.....	9	..	553	100	662	536	98	16	2	4,692	5,201	444	558
Desalaberry	24	..	1,340	168	1,532	1,337	161	8	5	8,342	9,030	579	1,295
Fox Memorial.....	9	..	873	116	998	854	114	16	2	4,946	5,603	526	588
Gladstone	11	2	681	109	803	667	107	17	3	4,547	5,142	539	650
Hamiota	12	1	971	172	1,156	938	170	38	1	6,804	8,178	178	312
Hunter Memorial	7	3	453	88	551	437	87	17	3	3,330	3,768	.....	150
Killarney	9	..	739	119	867	715	112	16	3	4,089	4,747	451	661
Minnedosa	16	2	928	162	1,108	919	163	20	1	6,220	7,254	734	.....
Morris	10	2	1,103	155	1,270	1,082	154	9	..	7,465	8,434	430	430
Pine Falls	8	..	791	121	920	783	119	10	..	4,374	4,968	393	393
Roblin.....	14	2	960	165	1,141	949	164	18	1	4,818	5,624	447	455
Shoal Lake	9	3	568	87	667	546	87	14	..	4,130	4,796	1,514	1,983
Souris.....	21	2	886	120	1,029	868	118	24	3	6,783	7,472	599	.....
Swan River	19	3	1,854	236	2,112	1,819	234	29	3	10,706	12,012	469	469
Dr. Wilson Memorial ...	8	..	207	41	256	199	41	12	..	3,038	3,371	335	335
TOTAL	238	32	16,525	2,664	19,459	16,199	2,625	337	40	107,651	122,761	8,710	9,207

9 to 15 Beds

Benito	3	..	335	27	365	328	27	5	..	2,288	184	2,472	50	50
Birch River	6	..	407	72	485	399	71	8	1	1,673	290	1,963	260	301
Birtle	9	1	923	79	1,012	912	79	11	1	5,677	460	6,137	233	307
Boissevain and Morton Memorial.....	5	..	278	80	363	274	80	5	..	1,747	486	2,233	132	.....
E. M. Crowe Memorial ..	5	..	259	77	341	250	77	12	..	2,288	420	2,708	208	364
Emerson.....	1	..	496	82	579	487	81	5	..	2,514	412	2,926	385	385
Fisher Branch	4	..	269	56	329	262	55	7	..	1,244	359	1,603	451	656
Gilbert Plains	8	1	397	70	476	383	69	10	..	3,449	490	3,939	45	46
Glenboro.....	7	1	396	65	469	379	63	8	2	3,464	429	3,893	77	6
Grandview	14	..	706	55	775	694	54	14	1	4,523	356	4,879	.....	.....
Lorne	6	..	341	75	422	331	73	5	..	2,196	501	2,697	177	243
Rosburn	11	2	470	39	522	464	39	6	..	2,660	246	2,906	161	110
St. Claude .....	..	..	185	40	225	177	37	3	..	1,633	296	1,929	42	64
Siglunes.....	3	..	458	90	551	437	86	14	1	2,742	382	3,124	217	268
Whitemouth	5	..	370	61	438	363	63	7	..	2,370	271	2,641	172	185
TOTAL	87	7	6,290	968	7,352	6,140	954	120	6	40,468	5,582	46,050	2,610	2,985

Under 9 Beds

Arborg Memorial	5	..	252	65	322	251	64	4	..	1,251	343	1,594	237	290
Baldur.....	6	4	401	38	449	391	42	8	..	2,931	335	3,266	184	219
Cartwright	2	..	143	43	188	137	41	4	..	966	234	1,200	513	513
Elkhorn.....	3	..	309	46	358	303	45	4	1	1,639	254	1,893	188	188
Erickson	4	..	406	78	488	392	78	12	..	2,497	487	3,084	352	440
Hartney.....	4	..	91	17	112	84	17	6	..	1,571	89	1,660	97	112
Manitou.....	6	1	257	53	317	254	50	4	..	1,898	454	2,352	315	527
McCreary.....	14	..	353	31	398	353	29	4	1	2,768	156	2,924	191	267
North Norfolk-MacGregor	5	..	229	45	279	223	45	8	..	1,363	183	1,546	113	139
Notre Dame	3	1	177	72	253	163	70	9	2	1,671	433	2,104	72	108
Pilot Mound	4	1	185	30	220	178	31	5	..	2,004	206	2,210	93	102
Reston.....	5	2	416	67	490	409	67	10	1	2,512	446	2,958	415	483
Rockwood-Stonewall.....	5	1	347	70	423	338	68	11	2	2,312	525	2,837	328	328
Ste. Anne	9	2	537	128	676	529	126	9	2	3,160	708	3,868	356	.....
Wawanesa.....	3	1	189	32	225	178	31	9	..	1,538	233	1,771	93	95
TOTAL	78	13	4,292	815	5,198	4,183	804	107	9	30,181	5,086	35,267	3,547	3,811

Hospitals	(a) In-Patients (excluding stillbirths)					(b) Patient Days During Year				(c) Out-Patients	
	In Hospital At Beginning of Year	Admissions During Year 1957	Discharges During Year 1957	Deaths During Year 1957	Total Under Care During Year	Adults and Children	Adults and Children	Newborn	Total	Number of Patients	Number of Visits
<u>Contagious</u>											
Winnipeg Municipal Hosp. (King George).....	62 ..	415	435	7 ..	480	435	17,091	3	17,094	.....	.....
TOTAL	62 ..	415	435	7 ..	480	435	17,091	3	17,094	.....	.....
<u>Convalescent and Chronic</u>											
Convalescent	51 ..	88	88	4 ..	139	88	11,568	.....	11,568	.....	.....
Winnipeg Municipal Hosp. (King Edward and Princess Elizabeth)	288 ..	556	274	239 ..	844	274	112,789	.....	112,789	420	786
TOTAL	339 ..	644	362	243 ..	983	362	124,357	.....	124,357	420	786
<u>Sanatoria</u>											
Brandon San.	236 2	248	225	12 1	493	225	86,059	433	86,492	1,279	1,587
Central T.B. Clinic ...	48 ..	478	482	8 ..	526	482	13,340	.....	13,340	3,800	7,788
Clearwater Lake	185 ..	333	325	3 ..	521	325	60,734	86	60,820	359	402
Manitoba San.	219 ..	438	429	23 ..	657	429	78,069	.....	78,069	1,077	1,419
St. Boniface San.	253 ..	250	227	26 ..	505	227	91,524	62	91,586	617	1,175
TOTAL	941 2	1,747	1,688	72 1	2,702	1,688	329,726	581	330,307	7,132	12,371
GRAND TOTAL	3,830 299	135,526 20,954	131,893 20,621	3,541 308	160,609 131,893	131,893 20,621	1,572,681	125,175	1,697,856 89,142	184,518	

Table VIII - Average Stay and Number of Patients -- 1957

Percentage Bed Capacity, Based on Rated Capacity
and 1957 Death Rate

Hospital	Bed Capacity	Average Length of Stay	Average Number of Patients per Day	Percentage Occupancy Based on Rated Capacity	1957 Death Rate
<u>Over 100 Beds</u>					
Brandon General Hospital	158	8.977	108.68	68.78	3.129
Children's Hospital	256	6.934	135.323	52.86	1.201
Grace Hospital	222	8.149	181.58	81.79	2.366
Misericordia General Hospital	274	7.456	246.728	90.046	2.201
St. Boniface Hospital	640	9.963	585.679	91.512	2.38
Victoria Hospital	160	8.138	124.438	77.773	3.621
Winnipeg General Hospital	755	11.0	595.1397	78.826	3.46
<u>51 to 100 Beds</u>					
Concordia Hospital	75	6.747	62.923	83.897	2.15
Dauphin General Hospital	89	6.93	4.197	47.157	3.29
Flin Flon General Hospital	89	10.3696	70.3178	79.008	1.02
Morden District Hospital	57	8.509	21.49	37.7	2.17
Portage District Hospital	80	6.42	55.46	69.325	2.06
St. Anthony's Hospital, The Pas	96	9.391	76.454	79.639	1.659
Ste. Rose Hospital	71	6.345	32.79	46.18	2.26
Selkirk General District Hospital	65	6.425	42.3315	65.125	3.061
<u>31 to 50 Beds</u>					
Bethel Hospital, Winkler	32	6.607	26.663	83.32	1.08
Bethesda Hospital, Steinbach	42	5.13	23.28	55.428	1.42
Carman District Hospital	44	9.802	22.64	51.45	5.14
Johnson Memorial Hospital, Gimli.....	35	5.536	17.033	48.65	2.75
Neepawa District Hospital	34	6.46	20.99	61.735	2.03
Sacred Heart Hospital, Russell	35	7.38	19.12	54.62	2.59
Virden District Hospital	32	6.138	182.57	57.06	1.26
<u>16 to 30 Beds</u>					
Altona District Hospital	29	6.014	22.73	78.379	2.07
Beausejour District Hospital	23	5.84	16.86	73.30	1.58
Crerar Hospital, Winnipegosis	24	7.3586	16.767	69.8625	2.203
Crystal City Nursing Unit.....	16	6.487	7.66	47.87	2.727
Deloraine District Hospital	20	8.239	12.85	64.25	2.9
Desalaberry Medical Nursing Unit, St. Pierre	22	6.197	22.85	103.86	.59
Fox Memorial Hospital, Carberry	16	5.66	13.55	84.68	1.839
Gladstone District Hospital	21	7.095	12.45	59.28	2.485
Hamiota District Hospital	26	7.013	18.641	71.696	3.893
Hunter Memorial District Hospital, Teulon	20	6.61	9.123	45.615	3.744
Killarney District Hospital	30	5.6	11.2	37.33	2.19
Minnedosa District Hospital	26	6.36	17.04	65.538	2.129

Table VIII - (Continued)

Hospital	Bed Capacity	Average Length of Stay	Average Number of Patients per Day	Percentage Occupancy Based on Rated Capacity	1957 Death Rate
Morris District Hospital	21	6.7149	20.452	97.39	.824
Pine Falls Hospital	30	5.58	11.98	39.93	1.26
Roblin District Hospital	28	4.898	13.2	47.14	1.86
Shoal Lake District Hospital	24	7.49	11.31	47.125	2.5
Souris District Hospital	30	9.176	18.58	61.93	2.802
Swan River District Hospital	30	5.89	29.33	97.76	1.569
Dr. Wilson Memorial Hospital, Melita .	16	14.4	8.32	52.0	5.687
<u>9 to 15 Beds</u>					
Benito Medical Nursing Unit	10	6.84	6.27	62.7	1.5
Birch River Medical Nursing Unit	10	2.916	4.58	45.8	1.96
Birtle District Hospital	14	6.196	15.55	111.1	1.19
Boissevain and Morton Memorial Hospital	10	5.30	4.786	47.86	1.79
E.M. Crowe Memorial Hospital, Eriksdale	12	10.98	6.27	52.25	4.53
Emerson Medical Nursing Unit	10	4.9776	6.887	68.87	1.016
Fisher Branch Medical Nursing Unit ...	10	4.64	3.408	34.1	2.6
Gilbert Plains Medical Nursing Unit ...	10	8.74	9.45	94.5	2.54
Glenboro Medical Nursing Unit	10	7.989	9.49	94.9	2.067
Grandview District Hospital	14	6.227	12.39	88.5	1.977
Lorne Memorial Medical Nursing Unit, Swan Lake	10	6.46	6.016	60.2	1.488
Rosburn Medical Nursing Unit	10	5.73	7.28	72.8	1.276
St. Claude Medical Nursing Unit	13	2.005	4.47	34.37	2.22
Siglunes Medical Nursing Unit, Ashern .	9	5.29	7.51	83.44	3.1
Whitemouth Medical Nursing Unit	10	8.78	6.49	64.9	1.89
<u>Under 9 Beds</u>					
Arborg Memorial Medical Nursing Unit .	8	5.08	3.427	42.875	1.568
Baldur Medical Nursing Unit	8	7.13	8.03	100.37	2.005
Cartwright Medical Nursing Unit	8	10.05	2.646	30.075	2.83
Elkhorn Medical Nursing Unit	8	5.89	4.49	56.12	1.3
Erickson Medical Nursing Unit	8	6.415	7.115	88.937	2.97
Hartney Medical Nursing Unit	4	20.11	4.304	107.5	6.66
Manitou Medical Nursing Unit	8	7.48	5.2	65.0	1.55
McCreary Medical Nursing Unit	8	8.005	7.58	94.75	1.12
North Norfolk - MacGregor Medical Nursing Unit	5	6.004	3.734	74.68	3.46
Notre Dame Medical Nursing Unit	8	8.86	4.578	57.225	5.23
Pilot Mound Medical Nursing Unit	8	8.54	5.49	68.62	2.73
Reston Medical Nursing Unit	8	6.05	6.88	86.0	2.83
Rockwood-Stonewall Medical Nursing Unit	8	6.604	6.334	79.175	3.15
Ste. Anne Medical Nursing Unit	8	5.78	8.657	108.21	1.67
Wawanesa Medical Nursing Unit	5	8.20	4.21	84.2	4.81
<u>Contagious</u>					
Winnipeg Municipal Hospital (King George)	175	32.64	46.8246	26.756	1.5837

Table VIII - (Continued)

Hospital	Bed Capacity	Average Length of Stay	Average Number of Patients per Day	Percentage Occupancy Based on Rated Capacity	1957 Death Rate
<u>Convalescent and Chronic</u>					
Convalescent Hospital	40	149.206	31.693	79.2325	4.3478
<u>Winnipeg Municipal Hospitals</u>					
(King Edward and Princess Elizabeth)	330	183.0	309.01	93.639	46.588
<u>Sanatoria</u>					
Brandon Sanatorium	240	404.43	235.778	98.24	5.063
Central T.B. Clinic, Winnipeg	51	27.61	36.5479	71.662	1.632
Clearwater Lake Sanatorium, The Pas ..	150	220.734	166.3945	110.929	.9146
Manitoba Sanatorium, Ninette	270	181.298	213.887	79.2174	5.088
St. Boniface Sanatorium	287	439.525	250.75	87.3693	10.276

Table IX - Refunds to Municipalities on Municipal Payments to Hospitals Under The Hospital Aid Act

<u>Municipalities</u>	<u>Amount</u>	<u>Municipalities</u>	<u>Amount</u>
Albert	\$ 40.18	Franklin	\$ 598.57
Altona (Village)	1,173.42	Garson (Village) .....	.....
Archie	48.57	Gilbert Plains (Rural)	2,529.60
Argyle	308.37	Gilbert Plains (Village)	624.68
Arthur	1,076.14	Gimli (Rural)	1,936.55
Assiniboia	2,000.06	Gimli (Town)	723.93
Beausejour (Town)	1,800.86	Gladstone (Town)	87.95
Benito (Village)	491.90	Glenboro (Village)	205.16
Bifrost	1,721.55	Glenella	2,049.57
Binscarth (Village)	329.77	Glenwood	288.67
Birtle	832.92	Grandview (Rural)	707.05
Birtle (Town)	2,417.20	Grandview (Town)	1,089.39
Blanschard	204.54	Great Falls (Village) .....	.....
Boissevain (Town)	141.14	Gretna (Village) .....	.....
Boulton	745.74	Grey	6,176.66
Bowsman (Village)	107.54	Hamiota (Rural)	188.68
Brandon (City)	18,645.40	Hamiota (Village)	390.08
Brenda	466.40	Hanover	4,859.89
Brokenhead	1,070.59	Harrison	1,116.94
Brooklands (Village)	15,981.33	Hartney (Town)	80.30
Cameron	955.72	Hillsburg	598.10
Carberry (Town)	322.34	Killarney (Town)	841.78
Carman (Town)	2,240.33	LaBroquerie	2,248.56
Cartier	4,541.46	Lac du Bonnet (Rural)	3,767.30
Cartwright (Village)	73.85	Lac du Bonnet (Village)	570.65
Charleswood .....	.....	Lakeview	939.62
Clanwilliam	364.29	Langford	672.01
Coldwell	2,121.83	Lansdowne	426.57
Cornwallis	119.24	Lawrence	2,797.81
Crystal City (Village)	7.20	Lorne	3,802.44
Daly	621.19	Louise	846.96
Dauphin (Rural)	3,170.69	MacDonald	2,362.89
Dauphin (Town)	2,365.31	MacGregor (Village)	377.19
Desalaberry	3,348.60	Manitou (Village)	1,491.91
Dufferin	2,256.16	McCreary	1,917.44
Dunnottar (Village) .....	.....	Melita (Town)	73.60
Deloraine (Town)	1,334.02	Miniota	848.95
East Kildonan (City)	8,999.66	Minitonas (Rural)	1,355.59
East St. Paul	1,299.17	Minitonas (Village)	201.70
Edward	42.50	Minnedosa (Town)	1,061.57
Elkhorn (Village)	66.74	Minto	1,292.68
Ellice	1,222.76	Montcalm	1,023.65
Elton	449.09	Morden (Town)	1,462.95
Emerson (Town)	356.33	Morris (Rural)	2,655.99
Erickson (Village)	67.20	Morris (Town)	1,463.96
Eriksdale	2,547.88	Morton	141.96
Ethelbert (Rural)	1,365.45	Mossey River	901.21
Ethelbert (Village)	739.90	Napinka (Village)	110.32
Flin Flon (Town)	2,617.38	Neepawa (Town)	1,731.68
Fort Garry (Rural)	6,688.77	North Cypress	631.53
Foxwarren (Village) .....	.....	North Kildonan	1,141.27

Table IX -- (Continued)

<u>Municipalities</u>	<u>Amount</u>	<u>Municipalities</u>	<u>Amount</u>
North Norfolk	\$2,055.59	Shell River	\$ 506.00
Oak Lake (Town)	7.46	Shoal Lake (Rural)	250.88
Oakland	3,135.19	Shoal Lake (Village)	1,324.61
Ochre River	1,116.83	Sifton	414.10
Odanah	171.24	Siglunes	3,659.99
Old Kildonan	778.68	Silver Creek	295.16
Pembina	1,520.31	Souris (Town)	882.96
Pilot Mound (Village)	1,594.62	South Cypress	372.28
Pipestone	77.75	South Norfolk (Rural)	2,005.95
Plum Coulee (Village) .....	.....	Springfield	3,014.72
Portage la Prairie (Rural)	2,987.41	Stanley	2,096.15
Portage la Prairie (City)	9,143.50	Steinbach (Town)	1,844.22
Powerview (Village)	454.36	Stonewall (Town)	953.97
Rapid City (Town)	263.50	Strathclair	947.95
Rhineland	4,134.93	Strathcona	186.00
Ritchot	2,717.80	Swan River (Rural)	2,050.31
Rivers (Town)	40.00	Swan River (Town)	592.99
Riverside	301.19	Tache	5,715.59
Riverton (Village) .....	.....	Teulon (Village)	245.38
Roblin (Rural)	778.16	The Pas (Town)	4,073.45
Roblin (Village) .....	.....	Thompson	682.47
Rockwood	3,549.13	Transcona (Town)	6,038.92
Roland	159.00	Treherne (Village)	434.39
Rosedale	3,055.68	Turtle Mountain	478.61
Rossburn (Rural)	892.89	Tuxedo (Town)	32.90
Rossburn (Village)	627.15	Victoria	1,640.48
Rosser	586.78	Victoria Beach (Town)	338.05
Russell (Rural)	1,308.12	Virden (Town)	585.74
Russell (Town)	802.54	Wallace	844.20
St. Andrews	4,933.12	Waskada (Village)	28.56
Ste. Anne	4,964.54	Wawanesa (Village) .....	.....
St. Boniface (City)	40,002.81	Westbourne	2,144.66
St. Clements	7,943.46	West Kildonan	9,333.21
St. Francis Xavier	610.84	West St. Paul	506.26
St. James (City)	19,220.37	Whitehead	536.71
St. Laurent	4,516.16	Whitemouth	1,317.06
St. Lazare (Village)	237.92	Whitewater .....	.....
St. Pierre (Village)	1,018.51	Winchester	1,054.69
Ste. Rose (Rural)	2,661.18	Winkler (Town)	380.91
Ste. Rose du Lac (Village)	675.10	Winnipeg (City)	533,470.39
St. Vital	14,613.63	Winnipeg Beach (Town)	434.06
Saskatchewan	22.20	Winnipegosis (Village)	136.26
Selkirk (Town)	5,444.09	Woodlands	2,182.75
Shellmouth	1,071.00	Woodworth	732.07
			\$908,282.94
		Recoveries of over-payment ...	1,219.32
		TOTAL	<u>\$907,063.62</u>

Table X - Private Hospitals -- Calendar Year 1957

Movement of Patient Population and Allied Information

Patient Days of All Patients Hospitalized During the Year 1957

Hospital	Bed Capacity		Admissions During Year							
	Bed and Crib	Bassinets	In Hospital Beginning of Year 1957	Adults and Children	Newborn	Total Under Care During the Year	Discharges During the Year	In Hospital at end of the year	Deaths During the Year	Death Rate
Association Hospital										
(Flin Flon).....	23	..	20	803	..	823	796	15	12	1.485
San Antonio Gold Mines										
Hospital (Bissett).....	4	2	..	64	42	106	99	6	1	.....
Sherritt Gordon Hospital										
(Lynn Lake)	5	4	3	334	59	396	382	8	6	1.769
Shriners' Hospital for										
Crippled Children (Wpg.)	50	..	44	195	..	239	193	46	..	.....
Snow Lake Hospital										
(Snow Lake).....	10	2	..	149	28	177	172	..	5	1.342
TOTAL	92	8	67	1,545	129	1,741	1,642	75	24	

Table XI - Private Hospitals -- Average Length of Stay --
and Allied Information -- 1957

Hospital	Private and Semi-Private Wards	Standard Wards	Total Adults and Children	Newborn	Average Length of Stay in Hospital		Bed Occupancy	Total Staff
					Adults and Children			
Association Hospital								
(Flin Flon)	7,836	.....	7,836	..	10.418		93.339	26
San Antonio Gold Mines								
Hospital (Bissett)	150	.....	150	55	2.459		10.25	4
Sherritt Gordon Hospital								
(Lynn Lake)	2,021	.....	2,021	357	5.89		110.738	6
Shriners' Hospital for								
Crippled Children (Wpg.) ..	.....	18,216	18,216	..	90.217		99.812	62
Snow Lake Hospital								
(Snow Lake)	721	.....	721	95	4.8389		19.75	6
TOTAL	10,728	18,216	28,944	507				104

DENTAL SERVICES

DIRECTOR - RALPH CONNOR, D.D.S.

Today, in Public Health, as in many community health services and agencies, we are concerned, not only with a longer life, but a better life as well. Based upon the number of deaths directly attributable to dental disease, it could be argued that this disease is not a community or public health problem. However, when we consider that 95 percentum of our population is affected with one form or another of dental diseases: And knowing the undermining effect such diseases can have upon the well-being of the individual - physically, emotionally and socially and at practically any period of life; we must surely agree that dental health is a major public health problem. If, in addition, we consider the discomfort and suffering, as well as the economic factors involved, it is then apparent that this problem is of sufficient size and severity to warrant not only our deep concern, but our combined efforts as well.

Further, when we note the prevailing high incidence of dental disease and the tremendous back-log of untreated disease, plus the shortage of dental manpower, it is obvious that treatment, although a very important factor, is not, and cannot alone be the answer. What then is the answer? With dental disease, as it has been in the past with many other diseases such as, smallpox, diphtheria, and poliomyelitis, the answer lies in prevention. However, unless people are sufficiently aware of, and concerned with, the importance of dental health as it relates to general well-being, knowledge of prevention will not be generally sought nor even if known, will necessarily be put into action.

Therefore, our first objective - the chief weapon in prevention - is an educational program, designed to stress the important role that dental health plays in the welfare of an individual throughout his life span; to stress the enormity of the problem as it exists; and to point out how good dental health may be achieved and maintained by practising the principles of prevention both on an individual and community basis.

The second weapon in a preventive dental health program is dental treatment itself. A dental treatment program designed particularly for the younger-aged groups serves these functions:

- (1) It acts as an inducement and a liaison to bring more people into the scope of preventive dental health services, both from the standpoint of establishing early and regular dental examination and care, as well as from the standpoint of establishing good dental health habits at an early age.
- (2) It illustrates dramatically the importance of good dental health as well as exemplifying the effectiveness of preventive dental health measures.
- (3) It provides a means whereby a portion of dental time from a busy general practice may be devoted to children's preventive dentistry.
- (4) It shares, on a community basis, the initial accumulated cost of restoring neglected mouths to good dental health, thus ensuring that the large initial expense of restoring a neglected mouth to dental health does not prove to be a stumbling-block in an educational program which promotes the importance of early and regular dental examination and treatment.

Health Education

Preventive Dental Program in Manitoba: The Manitoba Dental Public Health Committee, comprised of representatives from the Department of Education, City of Winnipeg School Board, Manitoba Trustees Association, Manitoba Dental Association, Home and School Association, City of Winnipeg Health Department and Province of Manitoba Department of Health and Public Welfare, have been one group taking an active part in dental health education. Through its interest and that of other groups and individuals, a sizeable audience was reached re dental health during the year.

Number of films showing	142
Number of speakers	71
Number in attendance	8,650
Number of film strips	32
Number of speakers	15
Number in attendance	1,420

Members of our staff have acted as consultants or have taken part in the dental health educational program, both in classrooms and to various adult groups. 374 teaching kits and 369 sets of plaster models, showing normal and abnormal dental conditions, were distributed to teachers requesting same.

A very successful Dental Health Week was held during April, co-sponsored by the Manitoba Dental Association and the Department of Health and Public Welfare.

The Bureau of Health and Welfare Education has assisted in matters of dental health education: Its co-operation is greatly appreciated.

Surveys of school children, in order to assess their dental condition, were carried out in six communities. Health education was carried out in conjunction with the surveys.

Treatment

Our mobile clinics carried on throughout the year although they were handicapped by lack of adequate staff; at present, that condition has been somewhat alleviated, but still leaves a lot to be desired. The mobile clinics are sponsored by a local organization in the municipality requesting this service and are assessed \$25.00 per dental operating day for treatment supplied. The sharing of the costs by the community is an important aspect of the program.

During the year, clinics were held at:-

DeSalaberry Municipality	Churchill
Municipality of Lac du Bonnet	Carn Ridge
Binscarth	Grahamdale
Municipality of Hanover	Milltown Colony
Victoria Beach	Waldheim Colony
Ashern	Elie
Marne	Rathwell
Beatty	Onanole
Darwin	Arrow River
Hayland	Hecla Island
Siglunes	Big Island

Snow Lake	Winnipegosis
Foxwarren	Eriksdale
Grand Marais	Osborne
Richer	Riverton

The following is a record of the work accomplished by the clinical staff:-

Number of Schools	72
Number of Clinic Days	464
Number of Children	3,479
Extractions - Temporary Teeth	1,785
- Permanent Teeth	438
Fillings - Amalgams	11,583
- Cements	3,285
- Silicates	961
Other treatments	205

In addition to the mobile clinics, established clinics are situated in conjunction with the local health units in East and West Kildonan, St. James, Portage la Prairie, and the recently opened clinic in Fort Garry.

These clinics, in the main, attempt to supply dental treatment to selected children in the lower age groups and operate one day per week: The clinics are sponsored by various organizations and municipalities. The Kiwanis Club take a very active part in this work. The department supplies equipment and consumable supplies - salaries are taken care of by the sponsoring agencies.

Summary: The shortage of dental man-power should become less acute due to the setting up of a Faculty of Dentistry in the University of Manitoba, which will graduate the first class in 1962.

Time, personnel, funds and very careful planning will be needed before, what is considered an adequate dental public health program, may be established in this province.

A Provincial Dental Health Index is needed to give us statistically sound figures re the actual state of dental health amongst elementary school children.

Dental Health should be an integral part of all local health unit programs and dental health education should be emphasized by all health personnel

The Bureau of Dental Services has only one thought in mind - the improvement of the dental, and therefore, the general health of the people of this province.

PSYCHIATRIC SERVICES

PROVINCIAL PSYCHIATRIST: T. A. PINCOCK, M.D.

Submitted herewith is the annual report of the activities of the Division of Psychiatric Services for the year ending December 31, 1958. The statistical table immediately following deals with the movement of patients in the mental hospitals and does not include the Training School for Mental Defectives.

Statistical Summary - 1958

	<u>Men</u>	<u>Women</u>	<u>Total</u>	<u>Prev. Year</u>
Remaining in hospital December 31/57	1464	1401	2865	2824
On Parole, or otherwise absent	89	129	218	239
Total on Register December 31/57 ...	1553	1530	3083	3063
<u>Admitted: January 1/58 - December 31/58</u>				
Winnipeg Psychopathic Hospital	338	313	651	628
Brandon Hospital for Mental Diseases	209	177	386	368
Selkirk Hospital for Mental Diseases	<u>146</u>	<u>188</u>	<u>334</u>	<u>360</u>
Total	693	678	1371	1356
Transfers from Psychopathic excluded	<u>136</u>	<u>126</u>	<u>262</u>	<u>286</u>
	557	552	1109	1070
Total under treatment	2021	1953	3974	3894
<u>Discharged: January 1/58 - December 31/58</u>				
(Exclusive of transfers from Psychopathic)				
Winnipeg Psychopathic Hospital	198	185	383	331
Brandon Hospital for Mental Diseases	170	139	309	309
Selkirk Hospital for Mental Diseases	<u>99</u>	<u>149</u>	<u>248</u>	<u>254</u>
Total	467	473	940	894
<u>Condition on Discharge:</u>				
Recovered	59	51	110	144
Improved	310	377	687	665
Unimproved	55	34	89	65
Not Psychotic	43	11	54	33
Not Psychotic (Psychopathic)	81	36	117	152
Deaths:	<u>75</u>	<u>60</u>	<u>135</u>	<u>140</u>
Total	623	569	1192	1199
Percentage discharged of number treated ...	23.1	24.2	23.6	22.9
Percentage discharged of number admitted ..	83.4	85.8	84.6	83.5
Percentage died of number treated	3.7	3.0	3.39	3.59
Remaining in hospital December 31st, 1958 ...	1482	1435	2917	2865
On Parole, or otherwise absent	87	112	199	218
Total on Register December 31/58 ...	1569	1547	3116	3083

The average daily population showed an increase of 14 at Brandon and 25 at Selkirk. While the Selkirk population has been increasing steadily over the years, this is the first time in the last four years that Brandon has shown an increase.

	<u>1954</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
Brandon Hospital for Mental Diseases ...	1689	1665	1650	1637	1651
Selkirk Hospital for Mental Diseases	1110	1150	1187	1197	1223

The increment of resident patients in the three mental hospitals since 1949 is as follows:-

1949 / 14	1954 / 48
1950 / 2	1955 / 8
1951 / 24	1956 - 28
1952 / 43	1957 / 41
1953 / 60	1958 / 52
Total for ten years	264
Average annual increase	26.4

Table I - Admissions and Discharges -- 1949 - 1958

Year	Mental Diseases		Percentage of ad- missions discharged	Total treated during year
	Admissions	Discharges		
1949	824	644	77.0	3635
1950	827	657	79.4	3493
1951	857	745	86.9	3525
1952	872	669	76.7	3564
1953	859	663	77.0	3594
1954	891	696	78.1	3686
1955	939	784	83.4	3783
1956	1041	915	87.8	3893
1957	1070	894	83.5	3894
1958	1109	940	84.6	3974

Table II - Patients in Institutions - Psychiatric Services -- 1949 - 1958
(Each December 31st)

Year	Mental Disease	Mental Defectives	Total Cases Under Care
	Cases in Residence	in Residence	
1949	2666	541	3207
1950	2668	582	3250
1951	2692	610	3302
1952	2735	655	3390
1953	2795	669	3464
1954	2844	766	3610
1955	2852	795	3647
1956	2824	819	3643
1957	2865	851	3716
1958	2917	973	3890

Table III - Death Rates Per 100 Patients in Hospital December 31st, 1958

Year	Deaths Manitoba		Average all	
	All Mental Institutions		Canadian Mental Institutions	
1950	124	4.14%	.....	5.53%
1951	151	4.59%	.....	5.76%
1952	140	4.14%	.....	5.69%
1953	149	4.30%	.....	5.88%
1954	133	3.68%	.....	5.37%
1955	144	3.94%	.....	4.07%
1956	170	4.66%	.....	4.75%
1957	152	4.09%		
1958	158	4.0 %		

Table IV - Discharge Rates in Mental Institutions - 1958

	Percentage of Number Admitted	Percentage of Number Treated
Brandon Hospital for Mental Diseases (Transfers included)	80.0	15.3
Selkirk Hospital for Mental Diseases (Transfers included)	74.25	15.3
Winnipeg Psychopathic Hospital (Transfers excluded)	58.8	56.0

Activities Report - 1958

Mental Deficiency: The Manitoba Training School at Portage la Prairie provides care for retarded children. The detailed report is presented elsewhere and a brief reference only is being made to it here. The care of mental defectives is receiving from the government the attention and support which this major social problem warrants. Space has been provided for about 1,000 children and plans are underway to increase the accommodation by about 500 additional beds. These beds will be provided by building two units, one an extension of the present girls' infirmary and will, we expect be designed to accommodate a group of younger children from three years of age up to six years, which is the minimum age at which children have been admitted to date. The other addition is a unit for boys which is necessary to accommodate the Waiting List. The girls' building has been made necessary in part due to the need to condemn a portion of the original units of the institution.

It has been possible to relieve the situation during the past year and 162 patients, 98 boys and 64 girls were admitted. Only the most urgent cases could be dealt with, i.e. children whose presence in the home was a serious threat to its harmony and the health of the family, or children whose welfare demanded protective care or who constituted a social problem by their dissocial acts.

The Broadway Home for Girls has been operating part of the year under a handicap due to the fact that our social worker and counsellor has been absent much of her time on service with the Attorney-General's Department. Nevertheless we have been able to admit a new group of eight girls who have been trained at the Manitoba School, thus enabling them to develop some emotional stability - control of their more primitive instincts and to learn skills which have fitted them to live with satisfaction to themselves and others in the community. Since its

inception some 60 girls have been thus trained and only 14 of these have required a return to the parent school.

Classes for retarded children are growing in number throughout the province. Some of these are sponsored by school districts and others by the various branches of the Association for Retarded Children of Manitoba, a voluntary agency which has been untiring in its interest and practical help. In both of these types of school, the main support comes from the government with aid from the municipalities and voluntary gifts.

The Winnipeg Kinsmen's School has extended its classes to accommodate 160 children. Special classes in the schools also have been organized in Winnipeg for many years and more recently in Brandon, Flin Flon, Dauphin, Lorette, Morden, Winkler, Pine Falls, St. Laurent and others exist or are under consideration.

Clinical Services: The continuous and relentless pressure for bed accommodation makes it necessary not alone to find more beds by building, but to take all the measures possible to insure that we take advantage of all methods of therapy which have proven valuable elsewhere and to attempt new therapies on our own initiative. The big problem in many large mental institutions resides in the large percentage of schizophrenics which are admitted, 53 percent in Selkirk, 45.9 percent in Brandon, while the degenerative cerebro-vascular disorders of senility and cerebro-arteriosclerosis accounted for 28 percent of first admissions to Selkirk.

It is most encouraging to note that with active and intensive therapy many of those patients who used to spend several years in hospital, and a large proportion of them a lifetime, now leave the hospital within a year of admission: e.g. 82 percent of total discharges or 120 schizophrenic patients at Selkirk spent less than twelve months in hospital.

The discharge rates went up in all three hospitals to 84.6 percent of all admissions.

Only in this way can we hope to partially stem the tide of an increasing demand for more accommodation. It is a fact that whereas in 1930 our annual increment of resident patients was four percent of patient population it has dropped steadily until for the past decade it has averaged 26.4 patients per year or an average annual increase of less than one percent.

Open Ward Policy: We have been encouraged by the response of patients to increase the freedom allowed through the open door policy and extension of parole privileges and visits home. Many wards in our hospitals remain open a great part of the day and are only locked at night. The newer buildings are being designed to avoid the atmosphere as well as the practical measures and appurtenances of close custody. It is estimated in some quarters in Canada that in the not distant future 75 percent of our patients will be able to be cared for in unlocked wards.

Training Programs: In all hospitals training of nurses, laboratory technicians, medical students and graduate doctors is going on apace. These efforts are bringing results as anticipated and there must be no slacking of this work if we are to build up and maintain adequate staff to achieve our objectives and treatment and care of patients. Since the initiation of the Federal health grants eleven physicians have secured specialist standing in Psychiatry - nine of these are in

public service in Manitoba. There are eight at present in training and five more entering upon training this year.

Rehabilitation: We have scarcely begun to touch the fringe of this problem insofar as the mental hospital patient is concerned. It is obvious that attempts at rehabilitation begin the moment the patient enters hospital and proceed until he is ready for discharge. Our big lack, however, remains in the follow-up or impossibility of community care with a limited social service department. This must be bolstered if we are to cope with the seriously increased re-admission rate. The director of rehabilitation has been most co-operative and we hope to work out more effective means of handling discharged patients who require job placement or retraining. There is another aspect of rehabilitation in which psychiatry has a role to play, viz. to examine and treat those whose psychological disturbance is hindering recovery from physical disability.

Alcoholism: It would be difficult to exaggerate the seriousness of this medico-legal and social problem. Everyone who is brought into intimate contact with it is agreed that it now constitutes one of the great preventable diseases, ranking in importance with some of the great scourges of mankind that have been conquered in the past. Year by year we see increasing numbers of men and women fall victim to this dreaded addiction, and more and more of them are being treated in our mental hospitals all across this continent. The General Hospitals also have opened their doors more frequently and widely to this hitherto despised and rejected member of society. Manitoba Government continues to assist greatly in the work of the Alcoholism Foundation, in fact it provides the largest share of the funds. The Winnipeg Foundation also assists and there are citizens who continue aid by voluntary gifts. Two rooms in the new addition to the Winnipeg Psychopathic are being assigned to research on alcoholism and the Alcoholism Foundation has guaranteed an annual grant of its funds to support the research which will be undertaken by the Department of Psychiatry of the Faculty of Medicine of Manitoba University.

Accommodation: There continues a demand for more treatment beds to overcome the problem of overcrowding in our hospitals. The Government has under consideration ways and means of dealing with this. Part of the plan has been mentioned under the topic of Mental Deficiency.

It is felt that, in keeping with the advice of Special Survey Committee of the Canadian Mental Health Association and the Advisory Committee on Mental Health to the Federal Government, we should not extend the size of our present mental hospitals greatly but provide the necessary buildings to reduce crowding. This it seems, could best be accomplished by an addition to the Selkirk Hospital for Mental Diseases, which will relieve the pressure upon the Brandon Hospital and allow it to reduce its population to ideal standards and effect a similar solution at Selkirk, plus having the advantage of keeping patients from the Greater Winnipeg area nearer their relatives and friends.

Research: There are several interesting projects underway in all three hospitals as well as in the Medical Faculty. These projects have been made possible by the Federal Mental Health Grants and donations of new therapeutic agents from pharmaceutical companies.

In conclusion, gratitude is expressed for opportunities given to work in this challenging field which is expanding in scope and the variety of its services. We thank all who have in loyal service supported the work as well as acknowledge our indebtedness to the general public for its awakened interest.

FARMS' MANAGEMENT

MANAGER - G. R. CHANDLER, B. Sc. A.

Submitted herewith is a brief report on the Department of Health and Public Welfare Farms operated in conjunction with the Hospitals for Mental Diseases, Brandon and Selkirk; and the Manitoba School for Mentally Defective Persons, Portage la Prairie.

The 4,013.17 acres, which constitutes the total acreage for the three farms is used to grow food for the institutions; fodder and grain for the live-stock raised at each institution to supply the milk, pork and other products and, in so doing, supply healthful occupations, under trained supervision, for numerous patient groups.

The estimated value of milk, pork, potatoes and other vegetables supplied by the farms to the institutions - at prices below the current wholesale rates - would amount to \$189,970.19. Additional revenue from sale of surplus live-stock and other products was \$27,327.67 -- making a total for the 1958 calendar year \$217,297.86. This figure does not include produce grown on the farms used for livestock feed.

As at December 31st, 1958 the total inventory value amounted to \$224,968.96 made up as follows:

Inventories - December 31, 1958				
	Brandon	Selkirk	Portage	TOTALS
Grain and Feed	\$10,617.75	\$15,609.00	\$ 6,187.00	\$32,413.75
Vegetables	4,314.05	2,646.91	3,929.00	10,889.96
Livestock	52,605.00	45,780.00	26,755.00	125,140.00
Machinery	22,014.50	20,865.00	13,645.75	56,525.25
Total	\$89,551.30	\$84,900.91	\$50,516.75	\$224,968.96

(Inventory values show live-stock, hay and produce below sale values and grain at local elevator prices.)

Total Farm Acreages: The greater part of the cultivated acreage was used for field crops, hay, ensilage and pastures but, it also should be mentioned that 'land use' includes land used for all buildings on the institutional grounds.

	Brandon	Selkirk	Portage	TOTALS
Potatoes and Gardens	113	50	61	224
Field Crops	575	575	324	1,474
Hay and Pasture Land	1,003	559	308.58	1,870.58
Hospital sites, roads, undeveloped land, etc.....	189	173.89	81.70	444.59
Total Acreages	1,880	1,357.89	775.28	4,013.17

Field Crops and Gardens: Adverse weather conditions throughout the spring and early summer had a very serious effect on the yields of various vegetables - namely onions, turnips, carrots and others - which did not germinate until after the rain was received in July: Consequently, these crops did not mature before time for harvesting.

Both hay crops and pastures were hit most severely from lack of spring rain. Much of the hay land, therefore, had to be used as pasture for the dairy herds.

Following the heavy rainfall received the first week of July, field crops, potatoes and certain other vegetables made a wonderful recovery and, for many crops, yields were close to average.

Grain and Forage Crops Produced

	Brandon	Selkirk	Portage	TOTALS
Oats - bus.	13,525	21,400	10,410	45,335
Barley - bus.	1,115	--	--	1,115
Ensilage - ton	157	280	235	672
Hay - ton	95	109	46 1/2	250 1/2
Oat Sheaves - ton	--	--	11	11
Sweet Clover - ton	50	22	48	120
Corn Sheaves - ton	--	--	20	20

Vegetable Crops - Staple Vegetables Supplied to the Institutions

	Brandon	Selkirk	Portage	TOTALS
Beets - lbs.	24,525	13,420	22,345	60,290
Cabbage - lbs.	58,595	8,861	23,811	91,267
Carrots - lbs.	28,270	12,355	17,368	57,993
Onions - lbs.	12,075	5,743	11,159	28,977
Parsnips - lbs.	15,650	3,140	4,295	23,085
Turnips - lbs.	39,110	7,431	17,600	64,141
Potatoes - bus.	7,732	3,177	5,363	16,272
Returns from Sale of Vegetables	\$842.00	--	--	\$842.00

Over 88 ton of seasonal vegetables were also produced and supplied to the institutions; with low grade and undersized vegetables being fed, as in past years, to the live-stock.

Grounds: The grounds surrounding all buildings are landscaped and, as in the past their maintenance is given care and attention. Throughout the summer and fall months the numerous flower beds made a wonderful showing bringing many favorable comments from both visitors and residents of the institutions. The institutions also were kept well supplied with bouquets of flowers from the annual flower beds planted specially for this purpose, as well as a large variety of pot plants supplied the year round from the greenhouses.

Livestock

Holstein Cattle: Large dairy herds of pure bred Holstein-Friesian cattle are kept at all three farms. The line breeding program being carried on, using some of the top blood lines in Canada, has, over the years, improved all herds in both type and production. The milk from these herds is all used in the institutions with the exception, of course, of that portion used for feeding young calves and young pigs.

During the year, 285 head were sold -- 143 bull calves to farmers to be raised for veal or beef; 10 registered bulls and 73 cows and heifers for breeding stock to individual farmers; and the remaining 59 head, made up of bull calves, cows and heifers not considered sound enough for breeding stock, were sold to the packing plants.

Yorkshire Hogs: Hogs are raised at the Brandon and Selkirk farms to supply the institutions with the required amounts of pork and pork products. All the pigs raised at the Brandon farm are used in the institution - except old breeding stock which is sold to the packers. At the Selkirk farm after all institutional requirements are met, surplus hogs are sold to the farmers for breeding stock with the remainder, if any, sold to the packing plants. The Portage farm has no accommodation for the raising of hogs.

Livestock and Machinery - Production, Sales and Inventory - 1958

Cattle and Milk Production

	<u>Brandon</u>	<u>Selkirk</u>	<u>Portage</u>	<u>TOTALS</u>
Returns from				
Sale of Cattle	\$10,793.95	\$8,419.83	\$3,236.73	\$22,450.51
Milk and Cream to				
Institutions - lbs	1,226,400	1,047,444	654,990	2,928,834
Milk fed to Stock	213,105	45,953	74,470	333,528
Total Production ...	1,439,505	1,093,397	729,460	3,262,362

Inventory - Dec-31-1958

No. Head on Hand	242	204	157	603
Inventory Value	\$44,505.00	\$36,895.00	\$26,305.00	\$107,705.00

Hogs and Pork Production

Returns from Sale of Hogs .	\$665.35	\$3,369.81	--	\$4,035.16
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Pork Supplied to Institu-

tions - lbs.	52,963	35,520	--	88,483
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Inventory - Dec-31-1958

No. Hogs on Hand	244	235	--	479
Inventory Value	\$7,260.00	\$8,645.00	--	\$15,905.00

Horses: Inventory-Dec-31-58

No. Horses on Hand	12	6	5	23
Inventory Value	\$840.00	\$240.00	\$450.00	\$1,530.00

Machinery - Dec-31-58

Inventory Value	\$22,014.50	\$20,865.00	\$13,645.75	\$56,525.25
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Implements that have become obsolete and worn to the point where it is no longer economical to repair same, are traded in on more up-to-date equipment. Repair work on all other machinery and equipment is carried out by the farm staffs. Due to the shorter work week it has been necessary to partially mechanize the farms in order to get all field work done at the proper time.

Appreciation

Appreciation is extended to administrative and maintenance staffs at each institution, for their consideration and co-operation.

PSYCHOPATHIC HOSPITAL - WINNIPEG

MEDICAL DIRECTOR - T.A. PINCOCK, M.D.

The Annual Report of the Psychopathic Hospital for the calendar year 1958 is presented herewith.

Statistical Summary

(Movement of Patients from January 1, 1958 to December 31st, 1958)

	Men	Women	Total	Prev. Year
Remaining in hospital December 31st '57 ...	15	17	32	27
On parole, or otherwise absent	0	0	0	0
<u>Admissions:</u>				
January 1st, 1958 - December 31st '58 ...	338	313	651	628
First admissions	197	170	366	396
Re-admissions	136	140	276	224
Transfers from Hospitals				
Brandon - Selkirk - Portage la Prairie ..	5	4	9	8
General	225	240	465	478
Voluntary	46	15	61	42
Commitment and Warrant to Apprehend ...	52	45	97	88
Retaken from Probation	10	9	19	12
Transfers from hospitals				
Brandon - Selkirk - Portage la Prairie ..	5	4	9	8
Total patients under care	353	330	683	655
Average daily population			34.12	33.29
Average duration of stay			18.23	18.55
Rated capacity			38	38
<u>Discharges:</u>				
January 1st, 1958 to December 31st, 1958.	335	313	648	623
As: "recovered"	1	6	7	10
"improved"	152	145	297	260
"much improved"	2	9	11	15
"unimproved" (exclusive of transfers)	43	25	68	43
"not psychotic" (these figures included in above)	(118)	(64)	(182)	(152)
Transfers and returns to mental hospitals .	137	126	263	286
Transfers and returns to Manitoba School .	0	2	2	3
<u>Discharged to:</u>				
Relatives and friends	51	124	175	190
Relatives against advice	2	3	5	8
Own Control	107	36	143	90
Winnipeg General Hospital	9	13	22	18
Nursing home and welfare institutions	9	7	16	10
Veterans Home - Deer Lodge Hospital	0	0	0	1
Department of Indian Affairs	0	0	0	2
Central Tuberculosis Clinic	0	0	0	0
Ontario Hospital authorities	0	0	0	1

Police and Gaol	11	1	12	4
Eloped	1	0	1	4
Alcoholics Anonymous	5	0	5	
King Edward Hospital and St. Boniface				
Sanatorium	2	0	2	
<u>Deaths:</u>	2	1	3	6
Percentage deaths of total admissions			0.46	0.95
Percentage deaths of total under treatment ..			0.43	0.91
Remaining in hospital December 31st, 1958 .	18	19	37	32

Admissions: Total admissions increased again as they have done progressively for many years. There were 651 patients admitted to indoor service, 338 men and 313 women, an increase of 23 patients. The first admissions fell from 396 to 366 and the re-admissions consequently rose from 224 to 276. There were 9 transfers from mental hospitals for special treatments or diagnosis.

Admission status was as follows:

On request of relatives or friends	71.3%
On voluntary request of patient	9.2%
On committal warrant	14.5%
On transfer or return from probation ..	5.0%

Total patients under care	683
The rated capacity	38 beds
Average daily population	34.13
Length of stay in hospital	18.23 days

Admissions in past decade:

1949	545	1954	529
1950	578	1955	524
1951	564	1956	592
1952	551	1957	628
1953	541	1958	651

Total patients under care

1957:-	655	1958:-	683
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Year	Admissions		
	Total Patient Days' Care	Average Daily Population	Average Length of Stay
1954	13,003	35.60	
1955	12,468	34.16	22.71
1956	12,085	33.10	19.36
1957	12,154	33.29	18.55
1958	12,457	34.12	18.23

Separations: There were 648 discharged, 335 men and 313 women. Those separated by transfer to hospitals for mental diseases numbered 265: Of the remaining 383, 313 were improved by treatment, 68 were considered unimproved, 152 were considered as not psychotic.

Deaths: There were three deaths, 0.43 percent of patients coming under care: All were elderly folk. One man died of Coronary Thrombosis, another of Cerebro-Vascular Thrombosis and the woman died from Pulmonary Embolus. There were no deaths due to accident or suicide.

Diagnostic Classification of Discharges

	<u>Number</u>	<u>Percent</u>
Schizophrenia	216	31.79
Manic depressive	65	10.02
Involutional psychosis	16	2.50
Paranoid states	30	4.60
Organic reaction types	123	18.89
Unspecified psychosis	16	2.50
Psychoneuroses	40	6.17
Not psychotic	142	21.90

Age Incidence of Admissions

	<u>10-20</u>	<u>20-30</u>	<u>30-40</u>	<u>40-50</u>	<u>50-60</u>	<u>60-70</u>	<u>70-80</u>	<u>Over 80</u>
Number	33	105	165	133	82	57	57	19

It is noted that mental illness takes its greatest toll during the productive periods of life, 436, or 66 percent of all admissions being under 50 years of age. The largest group were in the fourth decade. It is significant also to note an unusual number of young people, and the aged group is certainly showing an appreciable rise, 133 patients being over 60 years of age and 19 over 80 years.

Alcoholism and Drug Addiction: Alcohol addiction increased in both in-patient and out-patient admissions: Patients who were admitted as a direct result of alcohol. In-patient admissions rose from 79 in 1957 to 99 in 1958 while 79 out-patients were seen this year compared with 63 in 1957. The total number of cases rose from 142 to 178 in 1958. The fact that 15.2 percent of our admissions were accounted for by alcohol should be a matter of grave concern. In order to show further that the admission of these cases was justified it is notable that 31 of the 99 cases were actually acutely psychotic and either in active delirium, acute hallucinosis or suffering from neuropathy or Korsakoff's psychosis. Drug addiction accounted for ten admissions to hospital and five to the out-patient department.

Out-Patient Services: The volume of work in this department continues at the usual level. It is divided between the four members of the medical staff who carried on a total of 2,691 interviews: With the 681 cases seen during the year, 322 of these were new cases and 359 continuing care patients.

118 out-patients received electro-convulsive therapy and 150 in-patients. The total treatments administered were 1,321, divided as follows: 946 for in-patients and 375 for out-patients.

Out-Patient Summary

	<u>Adults</u>	<u>Children</u>
<u>Government and Welfare Departments:</u>	<u>Referred by</u>	<u>Referred by</u>
Health and Public Welfare Departments (Prov.) ..	10	4
City Health and Welfare Department	4	0
Rural Local Health Units	0	23
Disability Allowances Board	35	0

Agencies:

Children's Aid Society of Winnipeg	22	5
Children's Aid Society of Eastern Manitoba	9	8
Children's Aid Societies (other)	2	0
Family Bureau	8	0
Society for Crippled Children and Adults	2	0
Manitoba Association for Retarded Children	0	4
Canadian Mental Health Association (SHARE)	2	0

Hospitals:

Winnipeg General Hospital	2	0
Other hospitals	3	0

Courts:

Adult Court	97	0
Juvenile Court	0	0

<u>Private Physicians</u>	41	10
<u>Alcoholics Anonymous</u>	28	0
<u>National Unemployment Service</u>	2	0
<u>Miscellaneous</u>	81	9
Unreferred	270	0
	618	63

Distribution of Diagnoses: (Adults)

Organic brain disease	16
Schizophrenia	93
Juvenile schizophrenia	1
Paranoid psychosis	18
Manic depressive psychosis	69
Involitional psychosis	21
Undiagnosed psychosis	0
Psychosis (other)	6
Not psychotic	10
Psychoneurotic depression	25
Psychoneurosis (other)	50
Marital problem	8
Sex problem	5
Personality Disorder	67
Alcoholic addiction	79
Drug addiction	5
Sex deviate	12
Adolescent behaviour disorder	7
Stress reaction	2
Epilepsy	18
Subnormal intelligence and mental deficiency	65
Alcoholic intoxication	5
Alcoholic psychosis	6
Psychiatric and psychological assessment	21
Miscellaneous	4
Undiagnosed	5

Social Service Department

This is an area of service where we need to consider the advisability of increasing our service. Much more, we feel, could and should be done by way of remotivation of patients to leave hospital, assume responsibility for living in the community, rather than to escape into custodial care, and to encourage relatives to seek ways and means to re-establish their sick friends in the rightful place. A better liaison is being attempted with the rehabilitation service of the government and it is hoped that a solution may be worked out to add an additional social service worker to the hospital team and one to the rehabilitation service whereby these objectives can be reached.

Clinical Psychology

Our work in this field has suffered this year through the loss of our psychologist. The part-time services of two psychologists has helped to maintain a much contracted service. From October 1st we were helped by the loan of a member of the Child Guidance Clinic staff for three half days weekly and since December 15th we have had the services of another psychologist for four half days weekly. A variety of seventeen standard tests were employed and some 510 tests and lectures were given.

Accommodation

The addition to the Winnipeg Psychopathic Hospital which has now been completed and will be fully occupied within the next few weeks, fulfills a long sought need and with the renovations of the old building started and likely to be completed by early summer, we will have a building which will be functionally suited to carry on for many years the diagnosis and treatment of the acutely ill. It also will be able to extend the teaching facilities to accommodate more student nurses, medical, social science and psychology students.

BRANDON HOSPITAL FOR MENTAL DISEASES

MEDICAL SUPERINTENDENT - STUART SCHULTZ, M.D.

Submitted herewith is the Annual Report of the Brandon Hospital for Mental Diseases for the calendar year 1958.

Statistics

Movement of Patients: There were 406 admissions to the hospital: Of these 386 were new or readmissions and 20 were returned from probation. Outgoing were 376 with 67 deaths.

On December 31, 1958 there were 1,637 patients in residence and 117 on parole, a total of 1,754 on our hospital books. During the year there were 386 admissions and 20 returned from probation, making a total of 406. Of these 406 admissions 173 were first admissions to mental hospital, 153 were readmissions to mental hospital (133 former Brandon Hospital for Mental Diseases patients). There were 82 transfers to this hospital from the Winnipeg Psychopathic Hospital. During the year there were 309 complete discharges from hospital with the deaths numbering 67.

Age Distribution:

Under fifteen years	1	50 - 59 years	48
15 - 19 years	19	60 - 69 years	43
20 - 29 years	60	70 - 79 years	37
30 - 39 years	97	80 - 89 years	6
40 - 49 years	75	90 and over	0

Nativity of all Admissions:

Canada	72.4%	United States .....	.2%
United Kingdom	10.2%	Miscellaneous	17.2%

Average Daily Population - 1948-1958:

1948 ...	1624	Increase ..	4	1954 ...	1689	Increase ..	21
1949 ...	1633	Increase ..	9	1955 ...	1665	Decrease ..	24
1950 ...	1630	Decrease ..	3	1956 ...	1650	Decrease ..	15
1951 ...	1620	Decrease ..	10	1957 ...	1637	Decrease ..	13
1952 ...	1645	Increase ..	25	1958 ...	1651	Increase ..	14
1953 ...	1668	Increase ..	23				

Diagnoses of Admissions and Discharges:

	Percentage	
	<u>Admissions</u>	<u>Discharges</u>
Without psychosis	11.6	17.4
Psychoneuroses	9.1	9.4
Mental deficiency with psychosis	1.4	1.0
Psychosis due or secondary to other		
demonstrable etiology	2.1	1.0
Manic depressive psychosis	9.4	16.8
Schizophrenia	45.9	45.6
Cerebral Arteriosclerosis with psychosis	4.3	.6
Paranoia and paranoid conditions	3.1	1.6

Senile and pre-senile psychosis	3.9	.3
Psychosis due to alcohol	2.1	1.6
Involutional melancholia	4.9	3.9
Other	2.3	1.8

Discharges: 309 patients were discharged from hospital books (complete discharge on leaving hospital or complete discharge after six months probation):

Condition on Discharge

Recovered	83	26.9%	Unimproved	6	2.0%
Much improved ...	127	41.1%	Non-psychotic	54	17.4%
Improved	39	12.6%			

Deaths: During the year there were 67 deaths, 36 male and 31 female. Causes of death: 5 from causes associated with mental illness, and 62 from intercurrent and concurrent affections.

Accommodation Needed: In 1935 the average daily population was 1,278. In 1958 the average daily population was 1,651. This is an increase of the average daily population of 373, and at times the population has been considerably higher than this. During the period from 1935 to the present time the bed accommodation at this hospital has been increased by 100 beds only, with the result that a new building with at least 250 beds is required to eliminate the overcrowding at this hospital. Such a building would also provide accommodation needed for special services.

The splendid addition to the Child Guidance and Out-Patient Clinic is being built, which will provide adequate facilities for this department.

Personnel

Male Staff: There were 32 appointments to the Male Nursing Staff and seven resignations. 19 men served as holiday relief.

Female Staff: There were 93 appointments to the Female Nursing Staff and 66 resignations. 41 girls served as holiday relief.

Educational Program

Combined Course - Practical and Psychiatric Nursing - 3 Years: Leading to a License in Practical Nursing and a Diploma in Psychiatric Nursing. These students are affiliating at the Winnipeg General Hospital and Maternity Pavilion as well as the Brandon Sanatorium:

Graduated in May, 1958 - 11;

Diploma Course - Male Psychiatric Nursing - 3 Years: Course for male students leading to a Diploma in Psychiatric Nursing:

Graduated in May, 1958 - 7;

Post-Graduate Course for Registered Nurses - 6 Months: Course for Registered Nurses, leading to a Diploma in Psychiatric Nursing:

Graduated in May, 1958 - 9;

Post-Graduate Course for Licensed Practical Nurses - 18 Months: Course for Licensed Practical Nurses, leading to a Diploma in Psychiatric Nursing;

Psychiatric Affiliation for Student Nurses from General Hospitals - 12 weeks:

Twice yearly in January and September:

Children's Hospital, Winnipeg)	
Brandon General Hospital	)	48
Dauphin General Hospital)	

Miscellaneous Instruction: Student Laboratory Technologists - lectures in Anatomy, Physiology and Psychiatry: Ward Aides - select lectures in Hospital Ethics and Psychiatric Nursing.

Improvements

Twenty-eight volumes were added to the Library in the Nurses' Residence;

Ward reference libraries have been started;

A rotation for male students, has been planned to provide the minimum clinical experience requirements, commencing with the September, 1958 class;

Students of the Combined Course now sit for the State Board Test Pool Examination in order to obtain a Manitoba License in Practical Nursing. (These examinations are set and marked by the Practical Nurse Division of the National League for Nursing Inc. and are written by candidates for Practical Nurse License in all of the 48 states. Manitoba is the first of the ten provinces to institute this form of Practical Nurse Licensing Examination.)

Graduation

Graduation exercises were held in Knox United Church, May 7, 1958. Dr. Stuart Schultz, Medical Superintendent, presided and Reverend Morse L. Goodman of St. James Anglican Church, St. James addressed the graduating class. Dr. M. E. Bristow presented the candidates who received their diplomas from Dr. Stuart Schultz and their school pins from Miss G. L. Fitzpatrick, Superintendent of Nurses. Dr. W. Forster presented the prizes. The Blanche Eugenie Barager Medal was awarded to Mrs. C. G. Hill by Dr. T.A. Pincock, Provincial Psychiatrist. Following the exercises a reception was held in the Knox Auditorium.

Training of Personnel B.M.H. 1958

	Date of Enrolment	Total	Grad. May/58	With- drew	On Course Dec. 1958
Pupil Nurses	Practical & Psychiatric (3 - year Course)	37	11	4	22
	Affiliating from the Brandon, Dauphin & Winnipeg General Hospitals - 12 weeks	48	-	-	-
Male Attendants	Psychiatric Diploma-3 yrs.	35	7	8	20
Post-Graduate Training	For Registered Nurses	15	9	-	6
	For Lic. Practical Nurses	1	-	-	1
Student Laboratory Technologists	Select Lectures in Anatomy, Physiology and Psychiatry	22	6	-	16
In-Service Program for Ward Aides	Select Lectures in Ethics and Psychiatric Nursing	44	-	-	-
		205			

Clinical Division

A. Out-patient Department - Child Guidance

Personnel: Following the resignation of the former director of the clinic on September 30th, 1958, to take up a position in Edmonton, various members of the staff carried on in the clinic until the appointment of Doctor W. Schlichther.

The Year in General: A total of 734 cases was seen in 1958 compared to a total of 767 in 1957, exclusive of cases referred for speech therapy.

Summary of the Year's Work: During 1958, 734 patients were treated, itemized as follows:

	<u>New Cases</u>	<u>Carried from 1957</u>	<u>Total</u>	<u>Admitted to Hospital</u>
Adults	254	117	371	45
Children	263	100	363	1

Twenty-four adults were treated with electro-shock in the unit. There was a decrease of 46 cases over 1957. (1,293 interviews - all staff). There was an increase of 17 children cases over 1957. (1,129 interviews - all staff.)

Sources of Referral: Medical 342, social agencies 194, school 33, other 165: Total - 734.

Psychological Tests: The Psychological Tests were carried out in the following divisions:

Out-Patients	373
Child Guidance	1,333
In-Patients	207
Others	107
Total	<u>2,020</u>

There were a total of 610 interviews and 11 group testing sessions.

Classification of Diagnosis - Speech Therapy

Dyslalia	56	Dysarthria	2
Dyslalia and Dysphonia	1	Cerebral Palsy	3
Delayed Speech Development	4	Dysphonia	1
Dysenia	6	Hyperryndlalia	3
Stammer	29	Reading Defects	1
Cleft Palate	2	Observation	3
		Total	<u>111</u>

Travelling Child Guidance Clinics: These were held in Dauphin, Swan River, Neepawa, Virden and Rivers, on request from the local health units concerned. As in previous years, travelling clinics have met a definite need in solving a host of minor problems amongst school children while they could still be handled by environmental measures. More severe cases were, as in the past, referred back to Brandon by the travelling clinics for actual therapy.

Classification of Diagnosis of Children:

	Brandon	Dau- phin	Nee- pawa	Rivers	Swan River	Vir- den	Total
Adolescent maladjustment	2	0	0	0	0	0	2
Anxiety state	6	0	0	0	0	0	6
Behaviour disorder	80	3	3	3	2	2	93
Congenital aphasia	6	0	0	0	2	2	10
Epilepsy	16	1	1	0	0	0	18
Intelligence, dull normal	47	4	0	1	3	0	55
Intelligence, average	41	3	1	1	1	2	49
Intelligence, above average . . .	11	1	0	0	0	1	13
Intelligence, defective	46	15	2	2	6	1	72
Pathological personality	1	0	0	0	2	0	3
Reading disability	12	0	0	0	0	1	13
Schizophrenia	7	1	0	0	1	0	9
Speech disorder	5	0	0	0	2	0	7
Hysterical reaction	0	0	0	0	1	0	1
Autism	5	0	0	0	0	0	5
Cerebral Palsy	4	1	0	0	0	0	5
Deafness	2	0	0	0	0	0	2
Total	291	29	7	7	20	9	363

Classification of Diagnosis of Out-Patients

Alcoholism	6	..
Anxiety state	76	..
Hysterical reaction	14	..
Manic depressive	53	..
Neurotic depressive reaction	42	..
Obsessive compulsive psychoneurosis	10	..
Paranoid condition	9	..
Pathological personality	20	..
Psychosomatic disorder	2	..
Schizophrenia	46	..
Simple adult maladjustment	9	..
Cerebral arteriosclerosis and senile	4	..
Various	9	..
Dull normal intelligence	4	..
Mental deficiency	36	..
Normal intelligence	3	..
Superior intelligence	3	..
Speech disorder	4	..
Epilepsy	19	..
No psychiatric disability	2	..
Total	371	..

Highlights

Extension of Open Wards: This policy has been pursued and the number of open wards is now nine, which is almost 50 percent of our accommodation. The severity of our winter climate makes it difficult to move too quickly in this direction, on account of the danger of severe illness from exposure.

Leave On Pass: This has been extended up to 30 days and has been a useful therapeutic procedure. In the Reception Hospital, approximately half of the patients were home for Christmas, and for some of them considerable travelling was involved. The results were most encouraging.

"The Opinion": This paper, published by patients, is proving a fine outlet for our patients, and as many as 25 patients are involved in the publication of the monthly issue. Copies of this paper are being exchanged with institutions in the following countries: Canada, England, United States, South America, and Australia.

Research: This highlight of this department was based on two research projects in progress:

(a) "Follow-Up Study on Leucotomized Cases". The follow-up work on these cases was of considerable value: 42 of these patients have been contacted by interview or correspondence. It was found that 16 had a good level of adjustment; 21 a fair level; and 5 were rated as poorly adjusted. The value of this work will be enhanced if procedures are set up, that these patients making a poor adjustment, and some of those making a fair adjustment, have an opportunity for further psychiatric examination, and if necessary, treatment. It may be advisable for them to return to a psychiatric clinic, which are now located in Brandon and Winnipeg, but such patients may be seen by our travelling Out-Patient Clinic; and

(b) Cohort Study on Discharged Patients - 1953-1957: Of 376 cases contacted, 262 showed a good level of adjustment; 70 a fair level of adjustment, and 44 a poor level of adjustment. Careful consideration must be given to these 44 patients who have not made a good adjustment so that they can have the benefit of psychiatric evaluation and treatment, either at Brandon Clinic, or the travelling Clinic.

The Canadian Mental Health Association is making a valuable contribution to the work at this hospital. A volunteer group of 42 citizens are regular visitors to the hospital. Eight birthday parties for patients were held by various interested groups from the City of Brandon and district. 1,600 presents for patients were received during the Christmas season from all over the province, including 250 from the Town of Flin Flon. In this regard we regret the passing of Mr. George Clark, a very valuable member of the local association. The association also has contributed television sets for the use of patients.

Television Sets and Radios: At the present time there are 17 television sets and 34 radios, purchased by patients and by interested groups.

These mediums of entertainment assist the patient to maintain his contact with the outside world, which he must enter on his discharge from hospital.

B. In-Patients - General Notes:

Open Wards: The opening of the wards has been extended and at the present time the following wards are unlocked. East II, East III, West III, Ward 2, Ward 4, Ward 3, Ward 7, West A and East Colony;

Leave Pass: Leave pass has been extended up to 30 days and this has been used extensively in the hospital with beneficial results. The use of leave pass has aided greatly in a satisfactory transition from the hospital to the rehabilitation in the community;

Painting Class: The painting class which was started in the Psychiatric Institute last year has now been extended to the Main Building under the direction of Mr. Norman Williams. These paintings were put on display during Mental Health Week in the hospital and at the present time a group of 14 paintings are on display at the Y.W.C.A.

Male Psychiatric Institute: This service was under the direction of Dr. M. E. Bristow and Dr. W. Schlichther. During the year 210 patients were admitted; 118 patients were discharged; 37 being admitted prior to 1958; 81 being admitted during 1958. 89 patients were transferred to the Continued Service: 29 being admitted prior to 1958, 60 being admitted during 1958. Six patients were transferred to other mental hospitals. Five epileptics were admitted. No deaths in the service during 1958.

Female Psychiatric Institute: During 1958, this service was under the direction of Dr. N. C. Horne, Dr. W. Schlichther and Dr. P. F. Payne. During the year 183 patients were admitted. 122 patients were discharged, 34 being admitted prior to 1958 and 86 being admitted during 1958. 55 patients were transferred to the Continued Service, of which 31 were admitted prior to 1958 and 24 admitted during the year. Two patients were transferred to other mental hospitals. During the year one patient died. There were six epileptics admitted.

Staff Conference: There were 792 cases presented in Staff Conference during 1958, an increase of 29 cases over 1957: Of these 391 were new cases (including 132 cases having one or more previous admissions) and 17 were probationary returns. 36 patients were discharged as non psychotic following conference and 355 patients received active psychiatric therapy. Four cases were transferred to other hospitals. 312 patients were presented for consideration of discharge during the past year, 227 from the Psychiatric Institute and 85 from the Main Building.

There were 70 patients reviewed in Staff Conference, 39 from the Psychiatric Institute and 31 from the Main Building: Of these five were considered for leave pass from the Main Building and ten from the Psychiatric Institute. One probated patient was considered for outright discharge and one for extension of probationary period.

Cases presented by the Psychiatric Institute	676
Cases presented by the Main Building	93
Total	<u>763</u>

Male Infirmary: The bed capacity of this service is 70. During the year there were 442 admissions, 420 discharges and 29 deaths. One patient from the

Infirmary received Electric Shock Therapy. 17 major surgeries were performed during the year.

Female Infirmary: The bed capacity of this service is 75. During the year there were 137 admissions, 108 transfers, one discharge from hospital and 28 deaths. 23 major surgeries were performed during the year.

Fractures: There were 30 fractures occurred to 11 male and 19 female patients.

Epilepsy: There are 109 epileptics in the hospital: And of these 55 are male and 54 are female. This is an increase of 32 over last year.

Drug:	Service	New Drugs		Con-	Unim-
		1958 Cases	Much Improved	trolled	proved
Largactil	P. I.	167	18%	26%	- 56%
	Cont.Serv.	354	4.5%	23.5%	47.7% 24.3%
Reserpine	P. I.	11	-	36%	- 64%
	Cont.Serv.	131	-	14%	60% 16%
Trilafon	P. I.	59	12%	24%	- 64% *
	Cont.Serv.	127	1.6%	31%	38.4% 29%
Nozinan	P. I.	43	25.6%	25.6%	- 48.8%
	Cont.Serv.	145	11.7%	35.8%	- 52.5%
Stelazine	P. I.	34	26.5%	23.5%	- 50%
	Cont.Serv.	39	13%	28%	- 59%
Marsilid	P. I.	33	15%	24%	- 61%
	Cont.Serv.	20	5%	25%	- 70%
Other	P. I.	31	13%	13%	- 74%
	Cont.Serv.	33	-	12%	- 88%

Leucotomies: During the year no leucotomies were performed. However, we believe leucotomy has a place still in modern psychiatric treatment, and some cases are now under consideration. The Research Project designed as a follow-up study on these cases is well advance, and the final report will be available early in 1959.

Summary - 16 years of Leucotomy Program

Leucotomies performed 1943-58	311
Number of cases discharged	104
Number of cases re-admitted	29
Number of cases still out of hospital	75
Number of deaths (operation)	7
Number of deaths 1 - 13 years after operation	8

Tuberculosis: On December 31, 1957 there were 32 patients on the tuberculosis ward receiving active treatment: Of these 18 were female and 14 were male. On December 31, 1958 there were 15 patients receiving active treatment. During the year 30 patients received active treatment for tuberculosis. There were four deaths.

During 1958 there were eight new admissions to the tuberculosis ward, three female and five male: Of these one case was a new admission to hospital,

one a re-admission and six cases were from wards in the hospital. Of the six cases from this hospital, five were picked up by the tuberculosis re-check system, and one was picked up by the mass survey done in March, 1958.

Two female cases were considered to be new disease and one female case was considered to be old reactivated disease. Two male cases were suspects for one month. All new cases were pulmonary tuberculosis. Three of the new cases had positive sputum or gastric findings.

During the year 13 cases were transferred from the tuberculosis ward, all of them being considered inactive tuberculosis and were transferred to other wards in the hospital. One male was transferred to the Manitoba Sanatorium at Ninette.

Summary of Therapies

	Male	Female	No. of pts.	No. of Treatments
1. <u>Insulin Therapy</u>				
No. of patients	72	58	130	
No. of treatments	3,302	2,657		5959
2. <u>Electric Shock Therapy</u>				
No. of patients	144	259	403	
No. of treatments	1,174	2,896		4070
3. <u>Drug Therapy</u>				
Chlorpromazine	201	392	593	
Nozinan	85	143	228	
Resperine	29	193	222	
Trilafon	68	125	193	
Stelazine	40	77	117	
Other Psychiatric Drugs	27	41	68	
4. <u>Occupational Therapy</u>				
Formal Classes	178	445	623	
On the Ward O.T.	3	120	123	
5. <u>Group Psycho Therapy</u>	72	58	130	
6. <u>Painting Classes</u>	34	156	190	

Surgical Report: This department is under the capable direction of Eleanor Paetzold, Registered Nurse.

Sterile Ward Supplies from Operating Room Central Supply Room: 60,585
Teaching Students Aseptic Technique and Methods of Sterilization; and
Keeping Immunization Records.

Anaesthetics:

Local	85
Intravenous combined with general	27
Spinal	4
Major Operations	28
Minor Operations	32
Delivery	5
Fracture Bandage	6
Application and Removal of casts .	10
Aspirations	4
Lumbar puncture	12
Sternal puncture	1

Examinations:

Cystoscopy	4
Pelvic	9
Ear, eye Throat	73
Physical	114
Consultations	650
Laryngeoscopy	3

Treatment:

Eye, nose, throat, approx.	48
General dressings	293
Penicillin given	40
I.V. and other injections	125
Varicose veins	4

Specific Treatment for Syphilis:

Lumbar punctures	37
Penicillin treatment for T.P.I. positive patients	37

Combined Immunization:

Typhoid-Tetanus course	517
Typhoid course	365
Schick test	10
Mantoux test	200
B.C.G.	42
Smallpox	9
Tetanus Antitoxin	6
'Flu vaccine'	7
Polio 1st and 2nd dose (staff) per.	322
3rd dose (staff) persons	8

Dental Department: This department was under the excellent direction of Dr. Harold Trotter.

The cost of dental treatment per patient in 1958 was \$4.33. New dental equipment includes the following:

One Emergency Oxygen Unit
One X-ray Film Viewer
One X-ray Long Cone

The following is a summarized report:

Number of visits	2,278	Root Canal Treatments	6
Number of patients refusing treatment	12	X-ray films	154
Number of resistive patients	12	Dentures	76
Extractions	764	Denture Repairs	25
Local Anaesthetics	1,832	Bacteriological tests	10
Prophylaxes	1,445	Biopsies	1
Fillings, all types	1,484	Jaw fractures	1

Sick: The sick staff during the past year were treated by Dr. M. Atkinson and Dr. P. Payne, who had 650 consultations for minor illnesses, and 17 male and 70 female staff hospitalized in the sick staff quarters in North Unit.

LaboratoryDirector - Alexander P. Lapko, M. D.

Training School for Laboratory Technologists: During 1958 five students received their Manitoba Diploma and wrote examinations for Registered Technologists, Canadian Society. Five new students were accepted for training on September 15, 1958.

In April, 1958, a consulting and research biochemist was enrolled. He is responsible for clinical chemistry procedures in the Provincial Laboratory Services and takes an active part in the teaching program. A quality control plan has been instituted for some common laboratory methods and a constant check on laboratory results is maintained. In addition, an active program of methods, research and evaluation of new laboratory techniques is in progress. A long range research program in mental health has been planned.

General Note:

1. New tests for Collagen Diseases were introduced in the Laboratory.
2. Two papers on Collagen Diseases were given to Brandon and district medical groups;
3. Four clinical-pathological conferences were conducted;
4. One technician attended a two-week course for intensive study in Serology and Blood Bank procedures; and three other members of the laboratory staff attended a one-week course in Technique of Instruction.

Extract and Work of the Laboratory: (Summarized)

<u>Department</u>	<u>Examinations</u>	<u>Units</u>
Hematology	18,538	30,201
Urinalysis	16,074	16,387
Miscellaneous	3,855	6,443
Biochemistry	7,709	23,523
Diagnostic Bacteriology	10,008	13,554
Sanitary Bacteriology	31,756	23,242
Histo-Pathology	15,029	20,236

General Note: 163 Autopsies were performed - 71 of these being complete.

Radiological DepartmentDirector - John M. Lockie, M.B., Ch.B. (Ed.), D.M.R.D. (Lond.)

During 1958 lectures and demonstrations were given to fifteen students by Dr. J. Lockie and Mr. Alan Forshaw. Subjects covered were Radiological Anatomy, Dark Room Technique, Physics and Basic Theory of X-ray Generation. X-ray lectures were concluded for seven of these students in May, 1958.

In March, 1958 the Central Tuberculosis Clinic, Winnipeg sent a mass photo-radiography unit to the hospital and in a period of three and a half days 1,850 chest films were taken which includes the complete patient population and about 95 percent staff. This system of mass radiography has proven entirely successful in the institution and it is strongly recommended that the same procedure be followed early in 1959 to insure that tuberculosis will be kept under

control. With this survey and with the regular suspect-recheck system only one very early case of tuberculosis was discovered.

New filing cabinets were received in May which not only has reduced the difficulties of filing, but along with a new paint job in the whole department, has made it one of the most modern in Manitoba. A new dark room processing unit has been ordered to replace the worn out tanks which are presently being used.

Following is a detailed report of work done during 1958:

Chest	1,282	Facial Bones	14
Ribs and Sternum	11	K.U.B. and Abdomen	15
Shoulder and Clavicle	24	I.V.P.	10
Extremities	150	G.B.V.	15
Cervical Spine	12	Barium Meal	16
Dorsal Spine	323	Barium Enema	9
Lumbar Spine	22	Operations	5
Sacrum and Coccyx	19	Miscellaneous	<u>14</u>
Pelvis and Hips	50		
Skull	56		
Sinuses and Mastoids	8	TOTAL WORK	2,055
The number of films used during 1958 was			<u>2,890</u>

Electroencephalograph Department

There were no drug investigation, normal controls or pre-leucotomy records done in 1957. The out-patient referrals by physicians of Brandon and district showed an increase of five cases over 1957. The adult out-patient records almost doubled that of 1957, but all others were down in numbers.

This department actually only operated approximately nine months of 1957, due to sickness and holidays, but the average for total cases compared to 1957 is the same.

A breakdown of cases done is as follows:

		<u>1957</u>	<u>1958</u>
Research	Drug investigation	0	0
	Pre-Leucotomy	5	0
In-Patients	Mental hospital cases	82	66
	Pre-Leucotomy	14	0
Out-Patients	Physicians of Brandon and district	79	84
	Child guidance clinic	74	38
	Adult out-patient department	16	31
	Cases referred from court	<u>14</u>	<u>9</u>
Total		<u>284</u>	<u>228</u>

At the annual Meeting of the Canadian Association of Registered Electroencephalograph Technicians, the technician of this Department was appointed Registrar.

Research and Publications

Director - Stuart Schultz, B.A. M.D.

(a) Papers Published:

1. Perphenazine (Trilafon) Therapy - A Pilot Study. Schultz, Stuart., Henderson, A. L. C.M.A.J. 77, 1117-1118, Dec. 15, 1957.
2. An Evaluation of Treatments, The Brandon Hospital for Mental Diseases. Schultz, Stuart., Henderson, A. L., Clark, E.F., Fisher, J. W., Medical Services Journal Canada, XIV, 4, April, 1958.

(b) Submitted for Publication:

1. Preliminary report on the use of Sodium Succinate in Schizophrenia. Payne, P. (accepted).
2. Experience with Anabolic Steroid (Deladumone) Therapy for Decubitus Ulcers: A Preliminary Report. Forster, W., Henderson, A. L.
3. Preliminary Report, Levomepromazine (Nozinan) Therapy, Brandon Hospital for Mental Diseases. Forster, W., Henderson, A.L. and others.

(c) Research in Progress:

1. Follow-up study on 260 Leucotomized Cases. Schultz, Stuart., Henderson, A. L.
2. Cohort Study on Discharged Patients, Brandon Hospital for Mental Diseases, 1953-1957. Schultz, Stuart., Harris, A.A., Henderson, A.L.
3. 1953-1957 extension of Evaluation of Treatment, Brandon Hospital for Mental Diseases. Joint project of the Brandon Hospital for Mental Diseases, Brandon and Department of Health and Welfare, Ottawa.
4. Trifluoperazine (Stelazine) Therapy - A Pilot Study. Payne, P.
5. A Controlled Trial of "Vesprin". Payne, P.

Drug Donations: The chief donations this year were as follows: Poulenc Limited, Montreal - Nozinan. Smith, Kline & French - Stelazine. Ciba Limited, Montreal - Ritonic.

Federal Health Grants - 1958

We wish to express our appreciation to the National Department of Health, Ottawa, for assistance given under the Federal Health Grants.

The projects in force 1958 are listed as follows:

#606-5-27 - Dental Service to Mental Hospitals: This project supplied the hospital with a full time dentist.

#606-5-47 - Assistance to Brandon Hospital for Mental Diseases: During 1958 this project supplied the Hospital with the following:

Personnel: A consulting Electroencephalographer, two full time Nursing Instructresses, a full time Director of Activity and Recreational

Therapy, a full time special Instructress for Hairdressing and assistant, nine full time Nurse Aides, and one Speech Therapist.

Equipment: Books for the Nursing School Library and as ward references, one hyfreicator, one sigmoidoscopy, one auditory training unit, and one verifax copying machine.

Supplies: E.E.G. Department - \$510.00. Beauty Parlor - \$1,000.

#606-11-6 - Training of Laboratory Technicians: This project provided bursaries for the student technicians in our laboratory. Five students graduated in May, 1958. Nine remained on course and eight new students were enrolled in September, 1958.

#606-11-15 - Laboratory Technicians Training Program: This provided one additional Instructor for the Laboratory, as required by the increased enrolment of students.

#606-5-84 - Follow-up Study on 260 Cases of Pre-Frontal Leucotomy: The out-of-hospital work associated with this project was carried out during the summer of 1958, and the final report should be ready early in the new year.

#606-6-86 - Cohort Follow-up Study on Discharged Patients, from Brandon Hospital for Mental Diseases, 1953-1957. This project is well under way, under Mr. A. A. Harris, Social Worker.

Public Relations and Education

Mental Health Week: Activities - 150 visitors took part in a conducted tour of the hospital.

Educational Addresses: These were given by one of the following speakers: Stuart Schultz, M.D., A. L. Henderson, B.Sc., E. Bunch, M. Dip.; M. E. Bristow, M.D., W. Forster, M.B.; and N. Hildebrand, B.A. to twenty-one various organizations and clubs throughout the western area of the province during the year 1958.

Activity and Recreational Therapy

Activity Director - Jack Seymour, M. Dip.

Activity Therapy: 623 was the number that attended at formal occupational Classes. Besides this number, a large number of patients were employed on the farm, in the laundry, in the kitchens, and in various maintenance shops.

This department continues to make excellent progress. Cash sales for the year were \$16,632.55. Sales to the Institution were \$10,584.08. The sale of work serves as an indicator to register the amount of work performed, but the important aim of the department is the rehabilitation of the mentally ill.

Class Work: Class A - Male Psychiatric Institute: During the year 154 attended classes, spending a total of 10,737 hours, or an average of approximately 69.68 hours per patient. Total number of articles made was 2,710. Cash Sales were \$1,946.30. Institutional Sales were \$119.70. Printing - \$1,169.23.

Class B - Female Psychiatric Institute: The average daily attendance was 42. Total number of patients attending classes was 238. Eight prizes were received at the Manitoba Exhibition. Number of articles made 1,781. Sales - \$1,873.40.

Class C - Female Continued Service: Work was provided for 162 patients 125 attended classes with an average attendance of 50, and 37 doing their work on the wards. At the Manitoba Exhibition 37 prizes were won, including nine firsts. At the Canadian National Exhibition, Toronto, eight prizes were won, including two firsts. At the Dauphin Fair 21 prizes were won.

Class D - Female Disturbed Service: This is a class of disturbed female patients in the Women's Pavilion. Daily attendance was 38, total attendance was 45. 19 prizes were won for needlework at Exhibitions at Dauphin, Brandon and Toronto.

Class E - Patients' Paint Shop: This class is organized and is staffed by patients only. All toys made in Class A are painted in this shop.

Class F - Tailor Shop: This class does institutional work exclusively, consisting of the manufacture of overalls, smocks, pyjamas, etcetera, for patients and white coats and pants for staff. Number of articles made 2,648. Institutional Sales - \$1,402.50.

Class G - Male Continued Service: This class, operated at the Colony Building, is for male chronic patients. Total number of articles made was 2,317. Cash Sales were \$10,736.50. Institutional Sales - \$117.75.

Class H - This is a cobbler shop and is operated by patients. 1,109 pairs of shoes were repaired at a minimum value allowed for labour. Institutional Sales - \$332.70.

Class I - Beauty Parlour: The objectives of this class are twofold, one to train female patients in Beauty Culture and so aid in their recovery, and later in their rehabilitation; to increase the patients' respect and well being by having their personal appearance improved. During the year 65 female patients were employed in the Beauty Parlour, 22 of whom have been discharged, at the present time 20 patients are working there. The two-shift system, started last year, has allowed more than twice as many patients to receive instruction and give service. Services to the patients have increased 38 percent from last year. Total of institutional sales for services rendered, based on one half of student hairdresser rates is \$7,317.96.

Permanent waves	440	Selsun Treatments	287
Shampoos	7,212	Facials	143
Finger waves	7,162	Eyebrow arch	214
Hair cuts	1,664	Hair tints	43
Facial hair removed	1,230	Rinses	<u>303</u>
Manicures	2,306		
Hot Oil treatments	165	Total	21,169

Recreational Therapy: A year round Recreational Therapy program plays an important part in rehabilitation of our patients. Equipment was made available for a good variety of games and sports. The Annual Sports Day held in June was attended by 717 patients and was thoroughly enjoyed. On the same afternoon a picnic was held on the lawn west of the Main Building for 180 older female patients. This means that 897 patients were actively entertained outside of the buildings on this afternoon.

The annual outing at Riding Mountain National Park was enjoyed by 163 patients, supervised by members of the staff. The main feature of the day was a cruise on Clear Lake.

Movies were held weekly throughout the year and were well attended. Dances were held bi-monthly during fall and winter months. Whist drives held on alternate weeks are very popular.

Nineteen entertainments were presented in the Auditorium, five by patients and staff, six by the Canadian Legion Band, and one each by the following: St. Michael's Academy, Y.M.C.A., Musicians Association, Shilo Varieties: Schubert Choir; Tony Lavelli; Alliance Chapel.

Two hundred patients attended the Winter Fair and 210 attended the Manitoba Provincial Exhibition. 150 patients attended the Skating Carnival held in the Brandon Arena; 80 patients attended "My Fur Lady" also held in the Arena.

The Christmas Concert with a cast of 73 patients was presented on three nights. The third night was open to the public and about 250 people attended.

Music

The Hospital Orchestra continues to make progress under the leadership of Mr. A. L. Henderson. Staff members assisting with the Orchestra are the Misses A. and L. Schidlof, Mr. J. Beedie and Mr. W. Frazer. Instruments played are trumpet, saxophone, clarinet, piano, violins, accordian and guitars. The Orchestra plays at all Patients' Dances and plays on the wards.

Hospital Services

Upholstery Shop: The Upholstery Shop is under the direction of Mr. Lockhart.

New Work: Mailing cabinet, 132 blinds, six cupboards, 432 mattresses, two wardrobes, 26 table tops, three bread boards, five meat cutting boards, six laundry hampers, 64 picture frames, 15 mirrors, seven bulletin boards, three blackboards, seven towel racks, 10 medicine trays, one medicine trolley, five corner shelves, 30 wall shelves, four office desks, 186 floor mattresses, nine filing boxes, five filing cupboards, 23 tables, two tooth brush racks, one wall dish cupboard 3' x 12', 13 toilet paper holders, eight paper towel dispensers, two shock tables, nine clothes horses, two planter bookcases, eight bookcases, one milk cart, 90 mattress covers, 16 towel bars, one key cupboard, one projector carrying case, three pool tables covered, one fracture table, 50 stirring paddles, 161 valance boards, 36 spring covers, two coat racks, three television cabinets, 24 pillow covers, three bed pan racks, two broom racks, four step ladders, six ironing boards.

Repairs: 317 settees, eight step ladders, 16 dressers, 179 bed springs, 106 polishing blocks, 164 chrome chairs, 30 drawers, 142 blinds, eight ironing

boards, 62 floor mops, 48 tables, 12 stools, 57 scrub brushes, 22 sewing machines, six clothes horses, three chesterfield chairs, three desks, one laundry cart, 24 wheel chairs, 19 hair brooms, five hostess chairs.

The replacement of furniture amounted to \$8,181.70, which was placed throughout the wards.

Laundry: The laundry is under the direction of Mr. John Clark. Besides the regular staff there are 18 female and 26 male patients employed in the laundry. During the year 1,737,281 pieces were laundered, an increase of 70,883 pieces over the previous year. This increase is due to the daily specials for wards which has increased greatly in the last year.

The present laundry building was built in 1913. Since that time the only addition has been some sheds attached to the back of the building. We are now handling six times the volume with approximately the same accommodations. The building has many drawbacks in addition to being too small. The glassed-in roof causes the plant to become very hot in summer with the temperature often rising to 110 degrees and with the open slats in the roof we often have to rewash and refinish loads of laundry because of rain and dust coming through.

Housekeeping Department is under the supervision of Marjorie Hall.

Sewing Rooms - Number 1: Under the direction of Miss K. Oakett. During the year 11,464 new articles were made, and 2,402 articles repaired. Number of machines - five; number of patients - 4.

Number 2: Under the direction of Mrs. O. Baxter. This department makes all uniforms for staff, patient's dresses, slips. During the year 2,759 articles were made and 3,754 repaired and issued. Number of machines - six; number of patients - four.

Number 3: Under the direction of Mae Deis. This room receives all linen from laundry for wards, checks same and makes necessary repairs and re-issues it to the wards. During the year 329,218 pieces were received from the laundry, and 18,608 pieces repaired, and 108 small pieces made. Number of machines - three; number of patients - five.

Dietary Department - A/Dietitian, Miss Edith Anderson, has done an outstanding job in this department. She has, in addition to her duties as dietitian, carried on the supervision of the Housekeeping Department. The number of special diets has increased from 39 to 65, and in addition to this, 88 patients are receiving high caloric drinks, as ordered by the staff physicians. The question of a diet kitchen in the Main Kitchen is receiving careful consideration.

BURSAR'S REPORT - For Fiscal Year Ended March 31, 1958.

The Average Daily Population was 1,641, an increase of four over the previous year's 1,637.

The total Expenditures (including Federal Health Grants)... \$1,671,684.23, an increase of \$103,330.79 over the previous year.

Annual per-capita Cost was \$1,018.6983, an increase of \$60,6327. (last year's \$958.0656).

Daily per-capita Cost was \$2.7909, an increase of \$0.1659. (last year's \$2.6250).

Daily Per-Capita Cost Detailed by Sub-Departments

Health and Public Welfare:	1957-58	1956-57	Inc. or Decr.
Administration and Subsistence	\$ 2.3275	\$ 2.1540	Inc. \$0.1735
Farm	0.0199	0.0204	Dec. 0.0005
Public Works	0.3590	0.3672	Dec. 0.0082
Federal Health Grants	0.0845	0.0834	Inc. 0.0011
	\$ 2.7909	\$ 2.6250	Inc. \$0.1659

Construction - Alterations and Repairs

The maintenance of the hospital is under the direction of Mr. George Christie, Chief Engineer. The Chief Engineer's Report has been submitted to Mr. George Collins, Deputy Minister of Public Works.

Fire Protection: There were no outbreaks of fire reported during the year. Evacuation exercises were held on June 26th, at the direction of Fire Inspector Norman Campbell. On his recommendation extensive extinguisher replacements were made, using modern C.O. 2 and Pump Tank units.

Fuels: Aggregate net cost for all types\$48,975.62

Water Works: Pumped from the Assiniboine River, treated and distributed 101,513,500 Imp. gallons. To supply residents on Brandon's North Hill, the Brandon Works Department has this year laid water mains across our South property.

Electric Energy for Light and Power:

Total expenditure for current consumed\$24,732.40

Laundry: Routine maintenance was carried forward on all equipment, and, in addition, it was considered advisable in the interests of efficiency, to run a direct steam line from the Power House to the large flat-work ironer. A steam trap of greater capacity was also substituted.

Women's Pavilion: To improve ventilation in the central kitchen, an electric exhaust blower was installed at the steam canopy. Redecoration throughout this building was extensive. Emergent Safe-T-Lites were fitted to the enclosed, and therefore dark, central staircase.

Nurses' Residence: The extensive plaster renewals performed in the previous year in the corridors, grand staircase and kitchen, were all redecorated early in the year. As the weather for outdoor work permitted, the entire exterior was painted after certain essential repairs. To provide better control of the heating system, a new steam pressure regulator was installed in the steam main. Floor covering replacements and individual room redecorations were also extensive. The entire system of lock cylinders and keys were replaced.

Psychiatric Institute: Very extensive floor covering was again performed. On this occasion, East II Insulin Clinic and adjoining dormitories, East II Day-room and North Annex of East III were covered. The entire old slate roof was removed and modern 210 lb. asphalt shingles substituted. Numerous electrical outlets were required throughout the building. Extensive redecoration was performed throughout this building. Ventilation was improved at the Doctor's dining room. A room was taken over from a suite occupied by Doctor Horne and

adapted for use as an office for Doctor Hoare: Fluorescent illumination was provided.

Farm: At the granary a badly deteriorated cedar shingle roof was replaced with asphalt shingles. Extensive repairs were necessary to the walls of both numbers one and three barns. A new motor control starter switch was provided at the grain crusher. An extensive steel garage and workshop was constructed to replace facilities destroyed at the horse barn fire. At the pasteurizer plant considerable improvements were undertaken, additional forced ventilation was provided, and a 12' x 24' storage annex constructed. Water services were extended at the greenhouse. A new chimney was constructed at the Farrell residence. Drainage disposal was improved at piggery. An office and paint was provided for the greenhouse. An outdoor electrical distribution system was renewed, serving the farm buildings.

Main Buildings: Main I: In the south dayroom a deteriorated fir floor was improved by covering with Tilevein floor tile. In the office we installed a staff wash basin and fluorescent lighting. New door knobs were installed throughout;

Main II: Additional storage space was provided by some remodelling under the back steps to the Male Hospital;

Main III: New flush valves were installed at a toilet battery;

Female Hospital, Room 14: This floor was covered with "Royelle" linoleum;

Main IV: Fluorescent lighting was installed in the south dayroom;

Male Hospital: Extensive remodelling has been done to the plumbing and storage facilities, and a new service sink was installed. This project, however, is not yet fully completed. Soiled linen hampers were fabricated in our shops;

Main V: Fluorescent lighting and a wash-basin were installed in the office. New maple floors were installed in rooms number two and five. A flushing hopper was installed in the linen room;

Main VI: Conditions in the dayroom were improved by the removal of the floor standing radiators, pipes and guards, and substituting a forced circulation unit heater;

Main 8 T.B: A suitably sized exhaust fan and shutter were installed. We are told this work has greatly improved ventilation; and

Main Building (General): Electric wiring services were extended and rotary toasters installed in Wards three, five and seven. A modern electric potato peeler was installed in the main kitchen. Although not complete as this is written, good progress has been made with the construction of a large electrical transformer vault, and the heavier underground electric cable is in place. Many additional outdoor street lights were installed. Marble stair treads were replaced from the Assembly Hall to the dressing rooms.

Colony Buildings: At the basement occupational storerooms the narrow single door was removed, wider double doors substituted and covered in sheet metal. In the central kitchen it became necessary to re-locate equipment for the installation of a new two compartment roast oven battery. New exterior doors

were fitted to the west and south entrances of the old (or west) wing. Heating capacity was increased in the greenhouse. Very old open switches were removed from the transformer room and modern electrical panels and circuit breakers substituted outside the transformer room. A quantity of paints and enamels were supplied to occupy patients in the refinishing of garden chairs, benches and other equipment.

Main Stores: Increased storage space was provided by the construction of a 70' x 20' annex and safe storage for inflammable oils, etcetera, by the construction of a steel 12' x 12' oil house. In the stores building proper some slight re-modelling has been done and floor type radiator removed, and a ceiling hung forced convection radiator substituted. A slop sink also was installed back to back with the staff toilets. Some door openings have been closed and another opened. Much more remains to be done.

General: The skating and curling rink had the roof entirely renewed, braced and finished with Asphalt shingles; and a good volume of exterior painting was performed during the open season.

Table No. 1 - Movement of Patients - January 1, 1958 to December 31, 1958

	Male	Female	Total
Remaining Under Treatment at December 31, 1957 .	813	817	1,630
On Parole or Otherwise Absent	55	59	114
Total on Books as at December 31, 1957	868	876	1,744
<u>First Admissions:</u>			
General Admissions	35	35	70
Voluntary Admissions ..	31	26	57
Other Sources	31	15	46
	97	76	173
<u>Readmissions:</u>			
General Admissions	19	30	49
Voluntary Admissions ..	13	16	29
Other Sources	25	28	53
	57	74	121
<u>Transfer Admissions:</u>			
From Psycho and other			
Manitoba Hospitals	55	27	82
(From probation - 10 males and 10 females)	209	177	386
	1,077	1,053	2,130
<u>Discharges:</u>			
As recovered	50	33	83
As much improved	58	69	127
As improved	14	25	39
As unimproved	5	1	6
Without psychosis	43	11	54
	170	139	309
Died	36	31	67
Total Number Discharged and Died during 1958	206	170	376
Remaining on Books as at December 31, 1958	871	883	1,754
Remaining Under Treatment December 31, 1958	827	810	1,637
On Parole or Otherwise Absent	44	73	117
Total on Books as at December 31, 1958	871	883	1,754

Table No. 2 - To Diagnosis of Mental Diseases - 1958

	Male	Female	Total	Percent
Due to Infective and Parasitic Diseases				
Syphilis	1	0	1	.2%
Psychosis Due to Alcohol	8	0	8	2.1%
Psychosis with Cerebral Arteriosclerosis ..	11	5	16	4.3%
<u>Psychosis Due to Other Demonstrable Etiology</u>			8	2.1%
Epilepsy (clouded and deteriorated)	0	3		
Other diseases (Huntington's Chorea)	1	0		
Nervous system and sense organs	2	0		
Organic brain disease and brain tumours ..	0	2		
<u>Psychoneuroses</u>			35	9.1%
Hysteria	0	2		
Reactive depression	7	12		
Anxiety symptoms	3	2		
Other types	2	7		
<u>Manic Depressive Psychoses</u>			36	9.4%
Manic	7	5		
Depressive	7	14		
Other	1	2		
Involucional Melancholia	4	15	19	4.9%
<u>Schizophrenia</u>			177	45.9%
Simple type	9	5		
Hebephrenic type	10	6		
Catatonic type	18	20		
Paranoid type	47	42		
Other types	12	8		
<u>Senile and Pre-Senile Psychoses</u>			14	3.9%
Senile psychosis with deterioration	5	3		
Pre-senile psychosis with Alzheimer's Disease	0	3		
Pre-senile psychosis	1	2		
Paranoia and Paranoid Conditions	6	6	12	3.1%
Psychoses with Mental Deficiency	2	2	4	1.4%
<u>Other and Unspecified Psychoses</u>			8	2.1%
Undiagnosed psychoses	6	2		
	170	168	338	88.4%
<u>Without Mental Disorder</u>			48	11.6%
Epilepsy	4	3		
Alcoholism	5	1		
Mental deficiency	7	1		
Senility	8	0		
Personality disorders	0	1		
Pathological personality	1	3		
Non-psychotic - for observation only	12	0		
Behaviour disorders	2	0		
	39	9		
Total Admissions for Year 1958			386	100.0%

Table No. 4 - Ages of Patients Admitted - 1958

Years ..	Below 15	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	Total
Male ...	1	16	38	46	34	22	23	24	5	0	209
Female .	0	3	22	51	41	26	20	13	1	0	177
Total ...	1	19	60	97	75	48	43	37	6	0	386

Table No. 5 - Classification - Cause of Death - 1958

	Male	Female	Total
<u>Associated with the Cause of Mental Illness:</u>			
Due to the same cause as that of mental disease	2	3	5
<u>Intercurrent and Concurrent Affections:</u>			62
Pulmonary disease:			
Pulmonary embolism	2	3	
Lobar pneumonia	1	2	
Bronchopneumonia	9	5	
Pulmonary oedema	0	2	
Acute Pulmonary haemorrhage	1	0	
Other Infections:			
Cystitis	0	1	
Hepatic failure	0	1	
Pyelonephritis	1	0	
Acute peritonitis	1	0	
Cardio-Vascular Disease:			
Rupture of Heart	0	1	
Myocardial fibrosis and degeneration	1	1	
Coronary disease	4	4	
Hypertensive and arteriosclerotic disease	2	1	
Malignancy:			
Cancer of breast	0	1	
Cancer of bladder	0	1	
Cancer of respiratory system	2	0	
Malignant gastric ulcer	1	0	
Cancer of large bowel	0	1	
Miscellaneous:			
Cerebral haemorrhage	2	0	
Shock - intestinal obstruction	0	1	
Duodenal ulcer	2	1	
Toxemia	1	1	
Cavernous sinus thrombosis	1	0	
Suicide - submersion	1	0	
Cerebral thrombosis	2	0	
Inhalation of food - sinus tachycardia	0	1	
	36	31	67

SELKIRK HOSPITAL FOR MENTAL DISEASES

Medical Superintendent - E. JOHNSON, M.D.

Submitted herein is the Annual Report of the Hospital for Mental Diseases, Selkirk, for the year ending December 31st, 1958.

Movement of Patients

Details of the movement of patients are set out in Table 3. The movement of patients is indicative of a year of activity of all hospital departments which is second only to that attained last year when an all-time high was reached. Admissions and separations were each down by about seven percent. However, discharges, based on total admissions, were up to 74 percent as compared to 70 percent in 1957.

Admissions to the hospital numbered 334, composed of 146 men and 188 women. First admissions numbered 149 and readmissions 185. The ratio of readmissions to first admissions has shown a progressive increase in the past ten years. Prior to 1957 first admissions almost always exceeded readmissions. Last year the readmissions exceeded first admissions by seven percent. This year the excess of readmissions over first admissions is twenty-four percent. This trend poses a very serious question for hospital administrators, which we will comment upon later.

There continues to be a slow relative increase of voluntary admissions. This year there were 53, approximately 16 percent of the total. Patients admitted direct to hospital on medical certificates or order of commitment numbered 101, and there were 180 patients admitted as transfers. All except three of these transfers were from the Psychopathic Hospital, Winnipeg. One patient was transferred from a hospital in the United States, and two patients were received as transfers from hospitals in Ontario.

The diagnostic pattern of admissions shown in Table 4 presents no significant change from the past four or five years. It is important to note, however, that approximately 53 percent of all readmissions were diagnosed Schizophrenia. This fact sets out clearly the area in which our problem lies with respect to increasing admission rates to mental hospitals. Our efforts must be directed mainly toward these patients if we are to improve the mental health of the community we serve. The next largest group of admissions was composed of those diagnosed senile and cerebral arteriosclerotic psychoses. These comprised 28 percent of first admissions, approximately the same as for the two previous years, but a marked increase in the past two decades. The age distribution of first admissions was from fourteen to ninety-four years, with 25 percent over the age of seventy years.

Separations from the hospital totalled 316, made up of 248 discharges, 3 transfers and 65 deaths. The discharges were equal to 74 percent of total admissions. This is an increase from 70 percent last year, and the second highest rate of discharge in the history of the hospital. There were 146 Schizophrenic patients, equal to approximately 60 percent of all discharges. Total admissions of Schizophrenic patients (Table 4) was 163. Our discharges of Schizophrenic patients were therefore equivalent to 90 percent of total admissions of these patients for this year. This would indicate that we are able to achieve a very

satisfactory "in hospital" result in the treatment of this group of patients. However, as evidenced by our high readmission rates of these patients, who comprise the principal source of community mental ill health, we are failing to achieve any significant success outside of the hospital.

Length of stay in hospital of discharged Schizophrenic patients has been decreasing in the past twenty years. Of our total discharges of these patients during the year, 120, or 82 percent, had been in hospital for less than one year. These patients are considered as having responded favourably to active forms of therapy including insulin coma, electroshock, various drugs and individual or group psychotherapy. To what degree each of these various forms of treatment contribute favourably to the end result of treatment is not well understood. There were 26 discharged Schizophrenic patients who had been in hospital for more than one year. Nine of these were in hospital for three to ten years. The improvement of these patients to the discharge status was aided considerably by the use of ataractic drugs. In a considerable number of cases, these drugs favourably influence the patients' reactions to the point where successful psychotherapy can be utilized.

Our death rate at approximately four percent of total patients under treatment has remained fairly constant in the past five years. Coronary artery disease was the most common cause of death. This disease together with other types of heart afflictions accounted for 40 or 61 percent of total deaths. One death resulted from suicide. This was a male patient who, at the time, was on pass from the hospital in the care of relatives. One death resulted from acute respiratory failure due to the toxic action of a drug with which she was being treated in the hospital. The three patients transferred out of the hospital were sent to the Psychopathic Hospital in Winnipeg for investigation and treatment of physical ailments.

The net change in patient population was an increase of forty. The average increase in patient population during the past five years has been thirty.

Hospital Services

The overall operation of the hospital is predicated upon the basis that everything that happens to a patient in the hospital will influence, for better or worse, his progress. This is a well recognized treatment concept. The hospital administrator must frequently reorient himself and redirect his staff to assure that all aspects of modern treatment are integrated into the total therapeutic program. The goal of our treatment program is a mentally healthy person in the community.

During the year we have strengthened our medical staff to the highest level of qualifications yet achieved. Doctor Gordon Lamberd, who had been on leave of absence for three years, returned to the hospital on July 1st. During his absence he received his certificate of Specialist in Psychiatry from the Royal College of Physicians and Surgeons of Canada. In addition, he obtained a year of experience at the Mayo Clinic where he made a special study of group psychotherapy. On his return to the hospital Doctor Lamberd assumed the duties of Clinical Director. Doctor J. J. Klimczynski was successful, in his examinations last fall, in obtaining the certificate of Specialist in Psychiatry from the Royal College of Physicians and Surgeons of Canada. He is now posted as our Senior Psychiatrist and supervises the treatment program on the female wards of the hospital. Our medical staff complement is nine. Eight of these positions are filled, four with fully qualified Psychiatrists. We believe that our present

postgraduate training program for physicians will provide us with a full complement of qualified hospital psychiatrists within the next four or five years.

The hospital medical services have been carried on at a high level of activity throughout the year. Our medical program embraces all recognized treatment procedures. A total of 5,734 insulin coma treatments were administered to 142 patients. The number of electroshock treatments have been gradually decreasing in the past four years. This is especially so for patients who have been ill for long periods of time. The use of ataractic drugs has decreased the necessity for this type of treatment. There were 112 patients on electroshock therapy and they received a total of 842 treatments. Extensive use has been made of the ataractic drugs. We have carried on a controlled investigation of two new drugs in this class.

We now have group psychotherapy operating throughout the Reception Unit and also on one of our "chronic" female wards. In these groups patient participation varies between 145 and 160 persons, with an average of 470 to 550 hours of patient participation each week. Individual psychotherapy is carried on to the extent of Physicians' time available.

Nursing services have been maintained at a satisfactory level of efficiency. We are seriously short of personnel with the desired qualifications to direct the program of our Training School. We also suffer from the lack of qualified personnel for senior supervisory posts. The rapid change in the therapeutic procedures available for patients in mental hospitals in the past ten years has left us with an organization of nursing staff which is not now considered adequate for the full implementation of the desired treatment program. It is anticipated that this may be corrected during the coming year. The extensive use of drug therapies; the operation of group psychotherapy on the hospital wards; and the full implementation of the concept of the hospital with its staff and patients as a therapeutic community, requires a very considerable reorientation of the nursing personnel.

Most positions in our nursing staff are filled. However, several of the senior posts are not occupied by fully qualified persons. Enrolment of male and female students in our Training School on December 31st was 77. We have started a new class of 24 since the end of the year, so that presently we have more students in training than at any previous time.

Organized patient activities play an important part in the treatment program. These activities are under the direction of the Occupational Therapy Department with a staff of fourteen. We now have in operation thirteen formal occupational therapy shops, an increase of three during the year. These new shops are located on the hospital wards where immediate supervision can be given by ward nursing staff. One shop operates under the general direction of two patients, with the therapists providing only specific direction and supervision. This type of organization of patients' activities has developed, at least in part, as an outgrowth of the "patients' assembly" which will be commented upon below.

The average attendance of patients at occupational therapy classes was 431, an increase of over 20 percent above last year's average of 352. The number of articles completed during the year was 4,038, valued at \$6,135.00. We sold 3,795 articles for \$5,744.00.

In addition to the occupational therapy shops, occupational outlets are available for patients in various departments of the hospital. These include ward housekeeping, hospital kitchens, the laundry, store, farm and power house. We

are thus able to provide some useful employment for most patients who are able, at present, to be interested in activities. We are finding that with increased emphasis on the therapeutic value of activities and the improved state of mental health of many of our patients on drug therapy, the percentage of our patients who can be stimulated to participate in activity programs is continually increasing.

We maintain an extensive recreation program both on the wards and in the recreation hall. All ward personnel are encouraged to stimulate patient participation in parties and games on the wards and dances and concerts in the hall. This program is directed by one staff member. Its implementation is made possible only through the invaluable assistance we receive from organizations and individuals who volunteer their services.

SHARE continues to provide volunteers for weekly ward parties, which now include all but two of the hospital wards. In addition this organization sponsors one dance and one concert each month through the winter season, and two picnics during the summer months. The average attendance of patients at the ward parties has been 672 and the concerts and dances are attended by as many as the hall will accommodate. Unfortunately this is very limited. Attendance at each of the two picnics was over 700 patients. At the SHARE Christmas party entertainment was provided for over 900 patients and gifts were distributed to all patients in the hospital. Other organizations assisting in our recreation program include the Canadian Legion, Mental Patients' Welfare Association, National Council of Jewish Women, and the Army Navy and Air Force Veterans. In addition to providing parties and picnics, the Mental Patients' Welfare Association donated new furniture for day rooms on two of the wards.

During the year the clinical director provided the necessary stimulus and direction for the formation of a "Patients' Assembly". This organization is open to all patients and has as its objective assistance to the hospital staff in all matters concerning the general welfare of the patients. This includes recreation and entertainment, as well as matters pertaining to the ordinary daily operation of the wards. The assembly operates on the premise that most mentally sick persons are capable of assuming some responsibility for themselves, and even for others more ill than themselves. Their activities to date have been particularly helpful in the development and operation of our activities program. They have also been very helpful in maintaining satisfactory operation of the "open" wards.

Details concerning the activities of other hospital in-services, including the X-Ray and Dental Departments, the Clinical and Physiological Laboratories, and the Operating Room, are given in the supplement to this report. All departments have functioned in a very efficient and praiseworthy manner. In spite of shortage of personnel in some of these ancillary services, the needs of the hospital have been satisfactorily met.

Community Services

Changing techniques, materials and concepts in our therapeutic endeavours have in the past few years created an increasing demand for psychiatric services for persons residing in the community. This trend has been particularly marked in the last four years since the ataractic drugs have been extensively used. The activities of our out-patient department have consequently increased severalfold. There has been a similar demand for the services of our Social Service Department, which has for some years been quite unable to adequately meet the demands.

Most of the out-patient services are concerned with the continued treatment of former hospital patients. These are patients who need to be maintained on drug therapy and some supportive psychotherapy in order to make a satisfactory adjustment in the community. However, there also has been a gradual increase in services requested by persons whose illness has not been serious enough to require hospital treatment.

During the year under review 231 new patients visited our out-patient department. Total visits made by all patients were 1,239. Last year's total visits were 623. The increase has been 100 percent in one year.

Our social service worker is faced with an impossible task when we consider the work to be done if we are to adequately follow-up our patients who are returned to the community. The number of discharges from the hospital has more than doubled since our Department of Social Work was opened in 1947.

SHARE, the Manitoba Division of the Canadian Mental Health Association, has been operating a facility to assist former mental hospital patients in social rehabilitation. This "Open Door Club" is providing a very useful service on a voluntary basis. We are unable to take full advantage of the services of this club for our former patients because of lack of the liaison which could be supplied with additional social service personnel.

During the year our social worker made 808 calls on former patients to check progress, deliver medication and assist in solving various problems. She has received very valuable assistance from the Unemployment Insurance Commission and various welfare agencies.

Maintenance and Construction

No new construction was undertaken. We continued with the remodelling of the toilet, washroom and bathroom facilities in the Main Unit. This task has now been completed and plans are underway for extensive renewal of floors in this original section of the hospital which was constructed in 1885. All maintenance problems have been dealt with satisfactorily.

Operating Costs

The reduction of the work week from forty-four to forty-two in April and then to forty hours on December 1st, necessitated a considerable increase in hospital staff. The expense of this operation will not be reflected in the increase in the per diem costs for the last fiscal year. The gross per diem operational cost for the fiscal year ending March 31st, 1957, was \$2.96: For the 1957-58 fiscal year this cost had increased to \$3.20.

Further details of the operating costs of the hospital are given in the Bur-sar's report which is attached hereto.

Conclusions and Recommendations

A very active and satisfactory year of operation has been possible because of the enthusiastic approach to all problems and the faithfulness to duty of all hospital personnel.

However, this review of the hospital activities and accomplishments raises questions which we feel require urgent consideration.

The increasing success which attends our therapeutic efforts in the hospital has been very encouraging. This applies particularly to the patients suffering

from Schizophrenia. However, as pointed out above, these successful therapeutic efforts tend to be lost when the patient returns to the community.

The accumulation of Schizophrenic patients in the hospital has presented a serious problem since mental hospitals were first established. This problem, much more than any other, has resulted in the continuing demand for more and more mental hospital beds. In the past twenty years treatment of these patients has met with increasing success, so that today the Schizophrenic patient has approximately an equal chance with patients suffering from most other physical and mental ailments to attain improvement sufficient to enable his return to the community.

This change in the outlook for Schizophrenic patients is indicated by the figures given below compiled from our hospital records:-

Table 1 - Patients with Schizophrenia

<u>Year</u>	<u>Number of First Admissions</u>	<u>Number of Discharges of First Admissions</u>	<u>Percent Discharged of First Admissions</u>
1935	40	21	52.5
1945	31	20	64.5
1955	64	61	95.3
1958	65	61	93.5

Information recently supplied to us by the Dominion Bureau of Statistics shows a similar picture for all mental hospitals in Canada. The discharge rate for first admission Schizophrenics increased from 47.8 in 1936 to 80.3 in 1956.

Unfortunately, this bright picture becomes very clouded when we examine what is happening to these patients after they return to the community. The re-admission rate for Schizophrenia has been rapidly rising. For this hospital in 1958 the readmissions of Schizophrenia exceeded first admissions by fifty per-cent. In Canada the rate of readmissions of cases of Schizophrenia doubled between 1936 and 1956.

If this serious problem is to be successfully dealt with, it will have to be met not in the hospital, but in the community. We must be in a position to carry our services into the community if these patients are to be kept out of the hospital. This would require the provision of Psychiatrists and Social Workers who know the patient, his propensities and his problems, and whose specific responsibilities lie with these patients in the community. This plan has been developed in some communities, particularly in England and Holland, with apparently gratifying results.

We mentioned early in our report the combination of active therapeutic efforts concentrated in the treatment of early cases of Schizophrenia. This therapeutic regime accomplishes very satisfactory results. However, we do not know the relative values of the different forms of treatment. This is a problem which requires extensive investigative research.

In the meantime, we have the problem of crowded hospital wards and increasing demands for admission to hospital. Our normal patient accommodation is 1,005. Our patient population at 1,243 represents a crowding of 23 percent. The outlook is for an increase of approximately 35 patients a year.

Table 2 - Report of Laboratory Technician

Complete blood examinations.....	888
Hemoglobin estimations	498
Leukocyte counts	2, 079
Erythrocyte counts	122
Differential counts	31
Erthrocyte sedimentation rates	769
Fasting blood sugar estimations	250
Blood wasserman reaction (Provincial Lab)	408
Serum bilirubin estimations	36
Blood urea nitrogen estimations	19
Cephalin cholesterol tests	23
Icterus index estimations	4
Prothrombin time estimations	22
Alkaline Phosphatase estimations	16
Pregnancy test	8
Glucose tolerance tests	4
Group and match of blood	6
Culture and sensitivity tests	13
Other blood examinations	28
Sputum examinations	45
Gastric lavage	12
Smears and cultures	4
Urinalyses - complete	1, 135
Urinalyses - sugar and acetone	957
Urine bilirubin	31
Urobilinogen	4
Urine arsenic	10
Cerebrospinal fluid examinations	5
Autopsies	15
Biopsies	2
Miscellaneous examinations	9
Intravenous solution preparations	503, 750 cc.

Physiological Laboratory

Electrocardiograms.....	69
Basal metabolism estimations	13
Electroencephalograms.....	84

Report of Dentist

Number of working days	174
Number of patients examined	2, 629
Number of patients resistive or unco-operative	73
Extractions	426
Local anesthetics	313
General anesthetics	1
Fillings	115
Prophylactic treatments (scaling)	572
Gum treatments	455

X-ray films	10
New dentures inserted	42
Dentures repaired	65
Dentures adjusted	50

Report of Surgical Nurse

Major operations	8
Minor operations	27
Casts applied	12
Major dressings	15
Pelvic examinations	15
Irrigations	8
Spinal punctures	23

Report of X-ray Technician

Plates of: Abdomen	36
Chest	2, 359
Extremities	178
Facial Bones	14
Hips	56
Ribs	14
Skull	102
Stomach	28
Spine	75
Teeth	51
Barium enemas	14
Gall bladder visualization	4
Intravenous pyelograms	4
Miscellaneous examinations	9

Table No. 3 - Statistical Summary

January 1st, 1958 to December 31st, 1958

1. Movement of Patient Population

	M.	F.	T.
Remaining in Hospital as at January 1st, 1958	636	567	1203
On Probation as at January 1st, 1958	34	70	104
On Register as at January 1st, 1958	670	637	1307

First Admissions:-

	M.	F.	T.
Voluntary	2	2	4
General	25	17	42
Transfers	46	57	103
Total	73	76	149

Readmissions:-

	M.	F.	T.
Voluntary	11	38	49
General	27	32	59
Transfers	35	42	77
Total	73	112	185

Total Admissions	146	188	334
Total Under Treatment	816	825	1641
Separations:-			
Discharges			
Recovered	8	12	20
Improved	84	129	213
Unimproved	7	8	15
Total Discharges	99	149	248
Transfers	-	3	3
Deaths	37	28	65
Total Separations	136	180	316
Patients on Register as at December 31, 1958	680	645	1325
Patients on Probation as at December 31st, 1958	43	39	82
Patients in Hospital as at December 31st, 1958	637	606	1243

2. Additional Data

	1958	1957	1956	1955	1954
Average Daily Patient Population...	1223.26	1197.82	1187.36	1150.77	1110.19
% Discharged of Total Admissions..	74.25%	70.55%	68.00%	66.56%	54.88%
% Deaths of Total Under Treatment.	3.96	4.04	3.84	3.71	3.45
Change in Patient Population	/40	/23	/18	/35	/48

Table No. 4 - Diagnoses of Admissions

Diagnostic Class	First Admissions				Readmissions			
	M.	F.	T.	Approx. %	M.	F.	T.	Approx. %
Schizophrenic disorders	33	32	65	43.7	37	61	98	52.9
Manic depressive reactions ...	1	1	2	1.3	8	10	18	9.7
Involutional melancholia	-	2	2	1.3	1	3	4	2.2
Paranoid condition	2	2	4	2.7	4	5	9	4.8
Senile psychosis	4	10	14	9.5	1	2	3	1.7
Presenile psychosis	-	2	2	1.3	-	1	1	0.5
Psychosis with cerebral								
arteriosclerosis.....	12	15	27	18.2	2	1	3	1.7
Alcoholic psychosis	4	1	5	3.3	1	-	1	0.5
Psychosis due to epilepsy	2	-	2	1.3	1	4	5	2.7
Psychosis due to metabolic								
disease	-	-	-	-	1	-	1	0.5
Psychosis due to disease of								
nervous system	-	2	2	1.3	1	-	1	0.5
Psychosis due to accident	2	-	2	1.3	-	-	-	-
Psychosis due to other diseases	-	1	1	0.7	-	-	-	-
Psychosis with mental deficiency	-	1	1	0.7	2	6	8	4.4
Unspecified psychosis	5	1	6	4.0	1	1	2	1.1
Psychoneurosis	3	2	5	3.4	-	5	5	2.7
Pathological personality	2	1	3	2.0	4	6	10	5.5
Immature personality.....	1	1	2	1.3	1	-	1	0.5
Alcoholism	-	-	-	-	7	5	12	6.6

Table No. 4 - Continued.

Diagnostic Class	First Admissions				Readmissions			
	M.	F.	T.	Approx. %	M.	F.	T.	Approx. %
Primary behaviour disorder...	1	-	1	0.7	1	-	1	0.5
Mental deficiency	-	-	-	-	-	1	1	0.5
Juvenile neurosyphilis	-	-	-	-	-	1	1	0.5
General paralysis of insane ...	-	1	1	0.7	-	-	-	-
Epilepsy	1	1	2	1.3	-	-	-	-
TOTAL	73	76	149	100.0	73	112	185	100.0

Table No. 5 - Discharges Classified as to Diagnosis and Condition on Discharge

Mental Disorder	Recovered			Improved			Unimproved			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Schizophrenic Disorders	1	6	7	52	81	133	2	4	6	55	91	146
Manic Depressive Reaction	3	4	7	5	10	15	-	-	-	8	14	22
Involutional Melancholia	-	1	1	1	7	8	1	-	1	2	8	10
Paranoid Condition	-	-	-	4	7	11	1	-	1	5	7	12
Senile Psychosis	-	-	-	-	3	3	-	1	1	-	4	4
Presenile Psychosis	-	-	-	1	-	1	-	-	-	1	-	1
Psychosis with Cerebral Arteriosclerosis	-	-	-	2	2	4	-	-	-	2	2	4
Alcoholic Psychosis	1	-	1	2	2	4	-	-	-	3	2	5
Psychosis due to Epilepsy	-	-	-	3	2	5	-	-	-	3	2	5
Psychosis due to Metabolic Disease	1	-	1	-	-	-	1	-	1	2	-	2
Psychosis with Mental Deficiency	-	-	-	1	3	4	1	-	1	2	3	5
Unspecified Psychosis	1	-	1	2	-	2	-	-	-	3	-	3
Psychoneurosis	-	-	-	2	4	6	-	-	-	2	4	6
Pathological Personality	-	1	1	1	4	5	1	1	2	2	6	8
Immature Personality	-	-	-	-	2	2	-	-	-	-	2	2
Alcoholism	1	-	1	5	1	6	-	2	2	6	3	9
Mental Deficiency	-	-	-	-	1	1	-	-	-	-	1	1
Epilepsy	-	-	-	3	-	3	-	-	-	3	-	3
TOTAL	8	12	20	84	129	213	7	8	15	99	149	248

Table No. 6 -- Deaths Classified as to Cause of Death and Age at Death

Cause of Death	Age in Years								Totals		Total Deaths
	30-39	40-49	50-59	60-69	70-79	80-94	Male	Female			
Acute Abscess of Parotid Gland	-	-	-	-	-	1	-	1	1		
Cancer of Stomach	-	-	-	-	1	-	-	1	1		
Diabetes Mellitus	-	-	-	-	-	1	1	-	1		
Cerebral Haemorrhage	-	1	-	-	3	3	5	2	7		
Acute Myocarditis	-	-	-	-	1	-	1	-	1		
Chronic Myocarditis	-	-	-	3	7	5	9	6	15		
Disease of Coronary Artery	-	1	-	2	10	8	12	9	21		
Arteriosclerosis	-	-	-	-	2	1	-	3	3		
Bronchopneumonia	-	-	-	-	6	2	5	3	8		
Lobar Pneumonia	-	-	-	-	1	1	1	1	2		
Acute Respiratory Failure	1	-	-	-	-	-	-	1	1		
Ulcer of Intestines	-	1	-	-	-	-	1	-	1		
Infectious Hepatitis	-	-	-	-	1	-	1	-	1		
Acute Nephritis	-	1	-	-	-	-	-	1	1		
Suicide by Drowning	1	-	-	-	-	-	1	-	1		
TOTALS	2	4	-	5	32	22	37	28	65		

Statement of Expenditures and Receipts

Selkirk Hospital for Mental Diseases

Fiscal Year Ending March 31, 1958Bursar - C. R. EllerbyExpendituresAdministration and Subsistence

Salaries	\$ 760,386.62
Subsistence	238,146.57
Clothing	16,742.15
Supplies and Expenses	120,778.96
	<u>\$ 1,136,054.30</u>

Less - Payment for meals, etc. 54,646.31

\$ 1,081,407.99

Farm Expenses

Salaries	\$ 45,930.00
Supplies and Expenses	<u>21,060.31</u>

66,990.31

Total Health and Public Welfare Expenditures: \$ 1,148,398.30

Public Works:

Salaries	\$ 63,085.40
Fuel	49,284.16
Light and Power	46,088.79
General Expenses	<u>30,489.86</u>

Total Public Works Expenses: 188,948.21

Federal Grant Expenditures:

Personal Services	\$ 64,856.00
Travel	394.00
Equipment	839.06
Supplies	<u>724.81</u>

Total Federal Grant Expenditures 66,813.87

TOTAL Operating Expenditures for Hospital \$ 1,404,160.38

Receipts

Maintenance paid	\$ 281,627.84
Farm Produce to Hospital	42,099.47
Farm Cash Revenue	13,422.97
Sundry Revenue	168.07
Federal Grants	<u>66,813.87</u>

TOTAL Receipts 404,132.22

Net Cash Cost of Institution for

Twelve Month Period ending March 31st, 1958 \$ 1,000,028.16

Summary of Expenses

Health and Public Welfare	\$ 1,148,398.30	
Add - Decrease in Inventory	<u>14,678.14</u>	
		\$ 1,163,076.44
Public Works	\$ 188,948.21	
Deduct - Increase in Inventory	<u>1,450.49</u>	
		187,497.72
Federal Grant Expenditures		<u>66,813.87</u>
Net Operating Expenditures of Institution for Year ending March 31st, 1958		<u>\$ 1,417,388.03</u>

Per Capita Cost

	<u>1957-58</u>	<u>1956-57</u>	<u>1955-56</u>
Total Patients' Days	439,146	434,915	425,181
Daily Average	1,203.14	1,191.55	1,161.70
Gross per Capita Cost	\$3.1975	\$2.9656	\$2.7305
Net per Capita Cost	\$2.2772	\$2.1679	\$2.1033

MANITOBA SCHOOL

FOR MENTALLY DEFECTIVE PERSONS

Medical Superintendent - H.S. ATKINSON, M.D.

The Annual Report for the calendar year 1958 is hereby submitted.

Major Additional Facilities

There were three major projects brought to completion in 1958. A new cattle barn was erected on a new site to the north east and so removed from the vicinity of our residential buildings. Two new floors were added to the 1950 Boys' Building, and our bed capacity thus increased by 98 beds. A new power tunnel was erected between the Power House and the 1950 Boys' Building. This is a reinforced concrete passenger and power tunnel and so placed that extensions are possible between all areas and buildings in the future.

There were other improvements such as more Link chain school fencing in both boys and girls' recreational areas. Such installations are pleasing in appearance, safe for the children, and allow the minimum of supervision. Roadways and exterior lighting have been improved, and the roadways in several places are ready for hard surfacing.

General Statistics

1. Clinical

A. Dental:

Number of working days	69
Number of patients examined ...	1,680
Number of patients resistive or unco-operative	57
Extractions	378
Local Anaesthetics	253
General Anaesthetics	5
Prophylact Treatment (Scaled and Polished)	401
Gum Treatments	520
Fillings	334
X-rays	12
New Dentures	8
Dentures - Repaired	13
Dentures - Adjusted	12

B. X-ray:

Chest	1,505
Spine	18
Pelvis	7
Extremities	132
Barium Meal	18
Barium Enema	12
Skull	155
K. U. B. and Abdomen	6
G. B. V.	1
Dental	13
Miscellaneous	32
Total X-rays	1,899
Films Used	2,382

C. Laboratory:

Haematology	2,207
Blood Chemistry	86
Urinalysis	414

Serology	286
Bacteriology	4,113
Basal Metabolism	8
Electroencephalograms	92
Total	7,206

D. Psychological Services:1. Mental Testing: Tests were administered as follows:-

(a) Intelligence:		(c) Others:	
Patients	153	Patients	26
Out Patients	66	Out Patients	30
Student Nurses	32	Total	56
Total	251		
(b) Aptitude:		(d) Personality:	
Student Nurses	28	Out Patients	19
Total	28	Total	19
		Total Tests	354

2. Teaching: This has included: (a) orientation lectures to new students; (b) a course in Introductory Psychology to first year student nurses and attendants; (c) monthly discussions of mental tests with students from the Medical College; (d) participation in one day seminars for students from the University School of Nursing and Department of Adult Education; (e) classes in Employment and Social Relationships for patients in the Rehabilitation Course.

3. Psychological Internship: A graduate student in psychology from the University of Manitoba was employed as an interne for the summer months and is basing her Master's thesis on material gathered within the institution during this period.

2. Maintenance ServicesA. Laundry:

Patients body clothing processed	1,002,483 lbs.
Other articles processed in laundry	1,585,249 pieces.

B. Sewing and Mending:

Use on wards, dining rooms, residences, kitchens, etc.	5,441 pieces
Staff uniforms	1,705
Staff uniforms altered and mended	4,402
Patients' clothing	4,934 pieces
New linen	8,245
Staff mending	209
Patients' mending	30,784
Clothing tagged	7,905

C. Tailor and Shoe Shop:

New and miscellaneous garments	4,769
Garments repaired	13,983
Shoes and leather articles repaired	1,803
Institutional chairs repaired and/or upholstered	18

3. School TrainingA. Woodworking:

Number of woodworking articles made	322
---	-----

B. Craft and Fancy Work:

Crocheting, rugs, embroidery, knitting, and weaving	344
---	-----

C. Hairdressing Procedures:

Shampoos	3, 197	Manicures	1, 167
Finger waves	2, 609	Permanents	79
Hair cuts	755	Color rinses	212
Scalp treatments	1, 646	Color tints	5

137 1/2 hours of instructress' time was spent on the wards carrying out hair-dressing procedures.

D. Academic School:

Kindergarten	25	Grade Levels	38
Sense Training	24	Speech Class	46

E. Domestic Science Classes:

Number of girls in class	8
Number of classes	32
Total number of hours	64

4. Staff School of Psychiatric Nursing and Licensed Practical Nursing.

We enrolled two classes of student nurses during 1958 and one class of attendants.

Number of student nurses enrolled November 30, 1957	41
Number of student nurses enrolled for Combined Course during 1958	32
Number of L. P. N. nurses enrolled for Psychiatric Diploma Course during 1958	1
Number of student nurses resigned during 1958	16
Number of student nurses graduated during 1958	10
Number of student nurses in the school November 30, 1958	48
Number of student attendants on course November 30, 1957	19
Number of new attendants enrolled during 1958	12
Number of student attendants resigned during 1958	2
Number of attendants graduated in 1958	2
Number of attendants on course as of November 30, 1958	27

5. Movement of Population

	Male	Female	Total
Remaining under treatment December 1957	438	413	851
First admissions	97	60	157
Re-admissions	1	4	5
Deaths	13	10	23
Holiday probations	210	114	324
Discharges	10	5	15

At the commencement of the year there were 851 in residence, 438 male, 413 female.

Admissions: totalling 162, being 97 males, 60 females, 1 male readmission, and 4 female readmissions; of these admissions 32 percent or 52 were classified as morons, 45 percent or 72 were classified as imbeciles, 23 percent or 38 were classified as idiots.

The Racial origin in order of frequency shows: English 38, French 27, Ukrainian 18, Scotch 18, Irish 14, German 11, Dutch 7, Indian 7, Polish 4, Jewish 4, Italian 2, Belgian 2, Norwegian 1, Hungarian 1, Danish 1, Czechoslovakian 1, Icelandic 1, Mennonite 1, Unknown 4.

Ages: 10 and under - 77; 10 to 20 - 47; 20 to 30 - 23; 30 to 40 - 8; 40 to 50 - 4; 50 to 60 - 1; 60 and over - 2.

Marital Status: 161 single, 1 married.

Economical Status: 100 percent dependent.

Environment Report: 107 urban, 55 rural.

Degree of Education: 143 illiterate, 19 read and write.

Nativity: 151 Canadian, 1 Holland, 3 Germany, 1 Scotland, 1 U. S. A., 1 Hungary, 1 England, 3 Unknown.

Discharges occurred to a total of 15, 10 male, 5 female.

Deaths totalled 23, 13 male, 10 female; causes as follows:- 5 bronchopneumonia, 1 influenza, 2 coronary thrombosis, 2 coronary arteriosclerosis, 2 cardiovascular degeneration, 1 epilepsy, 1 spastic onadaplegia, 1 lobar pneumonia, 1 carcinoma of pancreas, 1 carcinoma of stomach, 2 acute myocarditis, 2 myocardial degeneration, 1 cerebral palsy, 1 asphyxia.

6. Bursar's Financial Report For the Fiscal Year 1957 - 1958

The Bursar's financial report for the fiscal year 1957 - 1958 is herewith appended.

Conclusion

It appears that we have reached a critical point in development of the building program where careful planning for the future is essential. This is particularly so with auxiliary services and in all branches of our maintenance service where we require so much more to carry the future load. To amplify the above generalized statement, I specify that we shall require more power, more trades building space, more stores, more academic school space, more recreational building facilities. We are now assuming the proportions of a fair sized town and the same problems of housing, services, traffic, parking, policing, and town site planning have to be met.

I wish to express my sincere thanks to my co-workers and associates at the School for their co-operation and loyalty. It has been our combined wish and effort to maintain the Ideals of Service for which this institution was created. The preservation of this Spirit is a guarantee that we shall not become just an institution.

The Bursar's report for the Fiscal Year ending March 31st, 1958 is submitted hereunder:

The statements included herein are compiled in a short and concise manner to show the financial operations for the above Fiscal Year as clearly as possible. The following pertinent particulars are listed for your information:

Average daily population	835
Daily per capita cost, exclusive of farm..	\$ 2.9838
Daily per capita cost of farm.....	.1265
Daily per capita cost re	
Health Grant Project	<u>.3735</u>
TOTAL daily per capita operating	
cost, inclusive	<u>\$ 3.4848</u>

Population: The daily population shows an increase of 26 over the previous year (809) and at the date of this report stands at 937. This increase as shown is made possible by the new addition to the Atkinson Building.

Occupational Therapy Department: The annual sale of craft work was held on December 5, 1957, and as usual was extremely well attended by the public. The articles placed on sale were quickly sold, and indeed many more items could have been sold had they been available.

Craft room	\$277.25
Wood working shop	<u>504.45</u>
TOTAL	<u>\$781.70</u>

Expenditures for the year totalled \$448.37 so a net profit of \$333.33 was shown.

Miscellaneous: Qualified staff recruitment has been most difficult, in particular being unable to obtain qualified nursing personnel. Nine positions were established (8 attendants and 1 cook) for the opening of the new addition to the Atkinson Building. One Clerk-Typist position was also established during midsummer of 1957. During March of 1958 twenty additional positions, plus one farm position, were established for implementation of the 42 hour week.

Once again the various organizations and clubs have materially aided us in providing a goodly number of gifts. These gifts of play things, equipment, radios, and money allow us to supply to our patients some of the niceties of living which we could not possibly give them otherwise. The very substantial gift of money from MARC to supply bus trips to Delta and other places of interest is indeed one fine example and no one can quite evaluate the total good such a venture does for our patients. Year by year it is more evident that the public is becoming more aware of the place of such an institution in our society.

Summary Statement of Expenditures and Daily Per
Capita Costs for Year Ended March 31, 1958

<u>Health and Public Welfare:</u>		<u>Operating Daily</u>	
	<u>Expenditures</u>	<u>Per Capita Cost</u>	
<u>Administration and Subsistence:</u>			
Salaries	540,065.64	1.7720	
Supplies	154,863.93	.5083	
Clothing	19,466.46	.0639	
Expenses, Equipment and Renewals	<u>65,911.34</u>	<u>.2163</u>	
Sub-Totals	780,307.37	2.5605	
Less Board and Living Accom- modation supplied to employees..	<u>39,147.71</u>	<u>.1285</u>	
	\$741,157.66		2.4320
<u>Farm:</u>			
Salaries	25,150.33	.0825	
Supplies, expenses, etc.	<u>13,407.42</u>	<u>.0440</u>	
Sub-Totals	38,557.75		<u>.1265</u>
Less produce sold to institution	<u>22,744.57</u>		<u>2.5585</u>
	15,813.18		
	<u>\$756,970.84</u>		
<u>Public Works:</u>			
<u>Operation and Maintenance:</u>			
Salaries	62,998.54	.2067	
Fuel	44,399.31	.1457	
Light, Power, Water, etc.	60,767.57	.1994	
Non-recurring items	<u>.....</u>	<u>.....</u>	
	<u>\$168,165.42</u>		<u>.5518</u>

DIVISION OF PUBLIC WELFARE

DEPUTY MINISTER- K. O. MACKENZIE, Dip. S.W.

There are a number of items of particular significance in the Annual Reports of the Assistant Director of Welfare; the Chairman of Old Age Assistance and Blind Persons Allowances Board and Director of Elderly Persons Housing; and, the Co-ordinator of Rehabilitation. I believe special attention should be called to these items.

Unemployment did continue through 1958 at a higher rate through the year than in any previous year since the Second World War. The effect of this has been mentioned insofar as case load and cost is concerned. However, I think it most important to note that The Unemployment Assistance Act (Canada) and the Unemployment Assistance Agreement between Manitoba and Canada were amended, effective January 1st, 1958, abolishing the .45 of 1% floor or threshold where the Federal Government had previously refused to share in unemployment relief costs. The net result of this amendment is that approximately 3,900 cases of unemployment assistance were brought under the terms of the agreement during the year with a value of reimbursement to the province of at least \$400,000. On the subject of the Unemployment Assistance Agreement attention should be called to the fact that the administration is continually made difficult by the inability of a number of municipalities to make their claims on time or in correct form. Emphasis was put on trying to improve the situation during the past year with the strengthening of personnel in our accounting section.

Throughout the year the cost of living followed the trend of previous years and continued to rise. This meant that the lot or situation of individuals or families in receipt of assistance was worsening. A number of attempts were made to meet this situation. The rates in Mothers' Allowance received a most comprehensive revision effective April 1st, 1958 and rates of Social Assistance in Unorganized Territory were increased effective October 1st, 1958. Legislation was passed at the 5th Session of the 24th Legislature to provide supplementary assistance to the pensions group under municipal administration with an 80 per cent reimbursement from the province. However the department reports that very little use was made of this provision during the year by the municipalities. Finally the increased cost of living was reflected during the year by increases in the rates required to be paid by the department and by the municipalities for accommodation for the aged and infirm.

In the Child Welfare field special mention should be made of the continuing effort to place emphasis on the adoption of children. More children were placed for adoption during the year than in any year previously. In addition a concerted effort was made to clear up a back-log of legal work required as a preliminary to the presentation of adoption cases in Court. The result was that 712 decrees of absolute adoption were granted in 1958 compared with 428 in 1957.

Special mention should be made of the slight change during the year in the medical interpretation of the regulations under The Disabled Persons Allowances Act. This is one of the most difficult Acts for the department to administer. The terms of eligibility are set by federal regulation, and insofar as physical disability is concerned, are interpreted by a panel of medical doctors. It is difficult for the applicant and the community from which he comes to realize that

this program is restricted to the totally disabled and it is not available to the severely disabled. However as the borderline between these two groups is a rather grey blend between black and white it was possible during the year to effect a more liberal interpretation of the regulations. The net result was an increase in case load of 224 cases or a little more than 20 percent.

Special attention should be called to a development during the year in the field of Elderly Persons Housing. For the first two years of the operation of this Act from March 1st, 1956 the only construction grants used by the public were for institutional type of accommodation. However during 1958 there were three housing projects completed with the support of this Act which provided housing accommodation for approximately 200 elderly persons.

During the year the various branches of the department faced certain new problems that added emergency work. With The Hospital Services Insurance Act coming into effect on July 1st, 1958 emergency measures had to be taken to register some 12,000 or more cases in Welfare Services and the Pensions Board for premium exemption. In addition our Pensions Board was called upon to deal with over 21,000 applications for premium exemption for people over 70 years of age. Approximately 17,000 of these applications were approved. The added work created for the various branches of the department by the institution of The Hospital Services Insurance Act required the quick recruitment of staff, often inexperienced, it led to over-crowding of office accommodation and to a considerable amount of over-time work.

I would like to take this opportunity of expressing to all staff the very real appreciation of myself and senior members of the department for their co-operation and assistance during the past year. Finally, Sir, I would like to advise you of the support and co-operation our Welfare Division has received from other departments of the Government, from voluntary and charitable agencies and from municipalities in the province. In conclusion I would like to express to you our appreciation of your concern for and co-operation in the programs and activities of the Division of Public Welfare.

GENERAL WELFARE SERVICES

S. McARTON - ASSISTANT DIRECTOR

Submitted herewith is a report on the general welfare services of the Public Welfare Division for the year ending December 31st.

Purposes and Methods

The objectives of our general welfare services may be outlined under three major aims:-

- (1) to help any person in need of economic or social aid, to establish or re-establish himself as a self-supporting independent citizen;
- (2) to work, in individual cases, towards the prevention of circumstances that will create material or social disability, and
- (3) when re-establishment or prevention have failed, to provide for the care and maintenance of those who are unable to care for and maintain themselves.

A sound welfare program, therefore, is not merely an appendage of government but is a social service to the society of which it is a part and is involved in the social and economic well-being of the total community.

Effective welfare services are contingent upon other services for their best results. They are also dependent upon flexibility in program, understanding and support by the citizens and upon sound adaptation to local conditions and resources. Welfare services existing, or planned, must be related to the pattern of social and economic organization of the community which they serve.

Therefore, our provincial welfare services may best be measured and assessed when seen in relation to the net-work of the many private and public agencies in Manitoba working in the fields of social welfare, health, education, after-treatment of the offender and prevention of delinquency.

In addition to its own basic tax-supported welfare services the Government, through the Public Welfare Division through the medium of grants and consultative service, assists and stimulates the work of many private agencies operating in various specialized fields. These include the children's aid societies, the Society for Crippled Children and Adults and many others to a total of some 50 organizations receiving grants in the neighbourhood of \$350,000. per year. Additionally to this, through The Elderly Persons Housing Act the province assists in the establishment of individual housing units and boarding home accommodation for elderly persons of limited means. Grants and advisory services are extended to municipal corporations and philanthropic and charitable organizations for these purposes.

Geared to the rehabilitative aspects of the division and of the private agencies, are the Rehabilitation Services of the division itself which, under the direction of the Co-ordinator, Mr. W. N. Boyd, makes available special resources and services for the correction of the physically handicapped and the retraining and employment of the disabled.

Federal-Provincial Unemployment Assistance Agreement

Under the above agreement which has been in operation since July 1st, 1955 the province may recover from the Federal Government 50 percent of all basic relief costs granted by municipalities or directly by the Public Welfare Division. Claims for this rebate must record the recipient, the size of the family in each case, the amount granted and the period covered. This involves detailed reporting by every municipality in Manitoba and by our own relief-giving offices. Some 185 cities, towns, villages and rural municipalities report regularly and these reports are checked and consolidated by the Accounting Branch of the division. During the year the number of individuals in Manitoba receiving "claimable" assistance fluctuated between about \$11,000. and \$13,000. with the highest peak registered in the winter months. The cost of this assistance varied from about \$305,000. to about \$325,000. The major part of this assistance was granted by the municipal corporations with about 30 percent being issued directly by the Public Welfare Division.

Rebates to Municipalities: Under The Social Assistance Act the province refunds to municipalities a percentage of all their social assistance and child welfare costs. This percentage cannot be lower than 40 percent and may, under the present formula, be substantially higher.

Whereas under the Federal-Provincial Agreement 50 percent of food, clothing and shelter may be claimed and the refunds to municipalities are based on these above items with the addition of child welfare costs, medical, dental and optical care, prescribed drugs, and burial costs.

In both the above programs their efficient operation depends upon the co-operation of municipal officials and we are happy to report that this co-operation is increasing as those involved become more familiar with the operations of the two programs.

Mothers' AllowancesSupervisor of Financial Assistance Services - (Miss) M. Ferns

This year has been marked by significant changes in the Mothers' Allowances program, chiefly in the area of the schedule of allowances and in administrative procedures. The legislation was not revised thus leaving eligibility essentially unchanged, but the regulations governing the schedule and policies were altered to bring the allowance more closely in line with current living costs and to simplify its administration.

A simple but flexible schedule for food, clothing, shelter and fuel requirements was adopted, after a study was made of financial assistance rates both locally and in other areas in Canada, based on current living costs. A set amount was also included for utilities and, for those families without income from earnings or other sources, a household and personal allowances was made part of the regular budget, with special needs being met by individual grants, as requested, up to a maximum of \$180 in a year. For families with other income a larger amount of income was made non-deductible, particularly in the case of earning children living at home, and allocation of deducted income to special needs was restricted. The purpose of these changes was to encourage independence in the family while reducing the time spent by social work staff on administrative detail involved in requests for small extra items that most families require periodically.

The overall effect of the above changes has been to increase the average payment to Mothers' Allowance families from approximately \$1,000 a year to \$1,500 a year.

Rehabilitation of disabled fathers has continued to receive attention and in this connection the regulations were altered to permit a disabled father to receive the allowance cheque as recognized head of a family when recommended by the social worker.

The volume of cases handled during the year is shown in the following table:-

Mothers' Allowance Case Loads for Calendar Years 1955-1958

<u>No. of Families</u>	<u>1955</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
On allowance January 1st	1,187	1,137	1,128	1,079
Enrolled January to December	220	234	235	246
Cancelled January to December	255	244	284	163
Transferred to other assistance	-	-	-	245
On allowance December 31st, 1958	1,152	1,127	1,079	917

While the statistics themselves show a drop in the number of families enrolled at the end of the year it should be kept in mind that 245 cases were transferred to another program on June 1st and that no new desertion cases or families in unorganized territory were enrolled after that date so that the volume of cases has not reduced as much as it might appear.

The monthly statistics on enrolments indicate that a sharp rise in enrolments began in October concentrated largely in Greater Winnipeg. The main reason, however, for the small decrease in enrolled families in spite of the transferred group was the sharp drop in cancellations. Only 52 cases were cancelled because the father was no longer disabled as compared with 89 in the previous year. The main reason behind this decrease appears to be that in the last three years more concentrated efforts to assess carefully medical eligibility of both new cases and those coming up for medical review together with rehabilitative treatment have narrowed down the families qualifying under disability to a group of permanently disabled persons whose families will require long term assistance because rehabilitation is not possible. Other causes of the drop in cancellations generally are the changes in regulations. The extension of eligibility of families with one child to the end of the school year in which the child becomes seventeen years of age has meant more cases carried during the summer months. The change in policy around earnings has resulted in extension of the period of eligibility in some families whose income was slightly above the amount allowed under the former regulations.

A study of the movement of families showed that three families left the province and 29 moved from the jurisdiction of one District Office to another. The fact that 23 of these 29 transfers were from rural offices to the Winnipeg Office indicates that the trend toward urbanization of families in receipt of Mothers' Allowance, noted in the last few years, is continuing.

Social Assistance

The Social Assistance program has been extended and revised during the past year. At the beginning of June Mothers' Allowance families with legal residence in unorganized territory were transferred to Social Assistance and the deserted families eligible for Mothers' Allowance were retained in Social

Assistance while children over 15 years of age attending school were transferred back to Mothers' Allowance. This total transfer is responsible for part of the increased expenditures under this program as shown in the following table:-

<u>Net Cost of Social Assistance by Quarterly Periods 1956-1958</u>			
<u>Quarterly Period</u>	<u>1956</u>	<u>1957</u>	<u>1958</u>
January - March	247,488	250,189	366,753
April - June	101,196	127,033	203,274
July - September	146,349	197,821	301,336
October - December	140,341	184,470	330,313
Total	635,374	759,512	1,201,676

In November the Social Assistance rates in unorganized territory were raised to equal the new Mothers' Allowance rates. It also became part of policy to give supplementary aid to single persons or couples whose income was less than enough to meet their total basic needs as determined by application of the new schedule.

Institutional rates for care of the aged and infirm were increased during the year and the cost of care for some ten provincial patients in the Convalescent Hospital was transferred to our Public Welfare Division from the Health Division in July when this institution became a nursing home.

Unemployment remained high during 1958 and its effects were reflected in the rise in cost of aid given in municipalities to transients and persons without municipal residence as shown by the following figures:-

<u>Month</u>	<u>No. of Persons</u>	<u>Cost</u>
June 1957	863	\$20,154.00
June 1958	1,476	\$30,997.00

The following table showing the number of cases handled in a typical month gives a good picture of volume at any one time during the year:-

<u>Financial Assistance Case Load - September 1958</u>				
<u>Type of Case</u>	<u>No. of Cases Open Sept. 1</u>	<u>Opened during month</u>	<u>Closed during mo.</u>	<u>No. Cases open Sept. 30</u>
Direct Social Assistance:				
Aged and infirm	152	20	2	170
Medically indigent immigrants ...	38	12	6	44
Formerly classified as Mothers' Allowance families	264	9	-	273
Unemployment assistance	127	15	-	142
General assistance unorganized territory	752	47	28	771
Indirect Social Assistance:				
Medically indigent immigrants living in unorganized territory ..	17	-	-	17
Transient single men applying for aid in organized territory ...	-	137	137	-
Non-resident families in organized territory	778	61	37	802
Total	2,128	301	210	2,219

Child Welfare

Supervisor of Child Welfare Services - (Miss) W.D. Armitage

Facts and figures for the year 1958 indicate that the child welfare problems confronting the four children's aid societies and the district offices of the province continue to be much the same as in previous years. There are continuing numbers of child neglect cases and unmarried mothers being referred. Guardianship action is still necessary for the protection of children in many instances. Foster homes must still be provided for many of these children although encouraging numbers are being found permanent homes through adoption.

The children's aid societies carry statute authorized Child Welfare Services under agreement with the Provincial Government and provide them under the authority of provincial statutes. District Offices of the division carry these services in the provincial areas where there are no children's aid societies.

Family Welfare and Protection: Believing that the inherent right of every child is his own parents and his own home, Child Welfare Services continually are working toward a broader program including the prevention of conditions which create neglect. Most parents want to be good parents and many can be helped through counselling, practical assistance, and community services to provide the kind of home and care to which every child is entitled.

Within the division many of the families, where neglect of children has been reported, are in receipt of Social Assistance or Mothers' Allowance; but in addition, the division extended protection services to some 649 children from 261 families where no financial assistance from these sources was being given.

When community sources, or others, report information which indicates that parental responsibilities toward children are not being met according to accepted standards, protection services are undertaken by the duly authorized agency or division -- this does not necessarily mean legal action. To begin with, Communities set the standards by which they measure care of children when they report unsatisfactory conditions and The Child Welfare Act provides the means by which these standards can be met. The focus of any protection service is first the strengthening of the home, where possible, to provide this reasonable care for children with their own families; but if this fails, legal action can be taken.

Guardianship of Children: Removal of children from parental custody is a serious step and is undertaken only when it is considered necessary for the protection and well-being of the child.

Transfer of guardianship from parents to the Director of Public Welfare through the courts was found necessary in the case of 156 children in 1958. In many cases, to begin with, temporary guardianship only was granted. This provided an interval of time in which efforts were continued to re-establish the family unit. In some cases deserting parents were located and helped to establish a home again for the children; in others, satisfactory recovery from a mental illness meant children could be returned with safety to a parent; in others, parents with serious problems were helped to the degree that they were ready and anxious to re-assume responsibility for their children. However, this division has permanent guardianship for the majority of wards in care and wherever possible, permanent homes are sought for these children:

Of the 677 children in the care of the director at December 31st, 1958:

319 were in boarding house care,	15 were in government institutions,
26 were in treatment institutions,	12 were in their own homes under
135 were in care of children's aid societies,	supervision from the division,
110 were in adoption homes,	14 were Mothers' Allowance wards, and
41 were self-maintaining,	5 were special cases.

Continuing efforts are being made to find adoption homes for as many permanent wards as are able to accept a new family. In the case of older children, many are unable to relate to new parents and they have problems which substitute parents are reluctant to assume. These children are cared for in foster boarding homes, some are, for an interim period, in treatment institutions before they are able to use a foster home.

Numbers of the children still in boarding homes are those of mixed racial origin; the majority Metis. Not only is it difficult to find permanent adoption homes for these children but boarding homes are never readily available in the numbers required.

No Child Welfare program can operate successfully without this valuable resource of foster homes and there is need for many kinds of homes. Not every child can adjust satisfactorily in just any home. A home must be chosen that will meet the particular needs of a particular child and for this reason a sufficient number should be available always. In the division in 1958 some 225 boarding homes were in use, many of these having cared for different children over a long period of years.

In 1958 in the division 44 permanent wards of the director were placed in adoption homes. Several of these placements were made possible through the use of the Central Adoption Registry which makes province-wide resources available to all district offices and agencies. Several of these children were from the difficult-to-place group. This Central Registry is used as well by district offices and agencies for listings of the prospective adoption homes where the local service has no child available for the particular home and where a special child might be placed.

In addition to the foregoing, adoption homes were found outside the province for six hard-to-place children when all efforts within the province had failed to find a suitable home.

In addition to the adoption placements by the division, the four children's aid societies placed 102 wards, making a total of some 152 permanent wards who were placed in adoption homes during the year.

Services to Unmarried Mothers: Services to unmarried mothers are provided by the division district offices where there is no children's aid society. Since the maternity home facilities are centered in the urban areas of the province, the division offices do not work with the numbers of unmarried mothers they might otherwise have if the girls remained in their own area of residence. The division offices located closest to the maternity homes carry the largest percentage of cases.

During 1958, 79 new unmarried mothers were provided with counselling service by the division making a total of 205 cases worked with in the year. This is an increase over 1957 figures. The average age of the unmarried mother is lower: The majority being fifteen to nineteen year olds. Illegitimate births in

Manitoba in 1958 based on eleven month's figures, totalled 1,098: Of these 853 were white children and 245 were Indian.

A part of the service to unmarried mothers is the effort to secure social history information from the alleged father and also to obtain, when possible, a filiation order and agreement as covered in Part V of The Child Welfare Act. Collections and disbursements of these monies is undertaken by the division in cases where orders have been secured.

Adoption Services: Adoption services in Manitoba are provided through the offices of the division and the chartered children's aid societies. No other services of the division have consequences more important than the placing of parentless children in homes selected for them. Children without homes are children who deserve and require the protection of society in guaranteeing, insofar as is humanly possible, that good homes will be found for them. For this reason the staff members of the division and of the other child placing agencies are thorough in their study of prospective adoption applicants. They are equally careful in their examination of the legal aspects of the adoption so that the rights of a child in his new home and of the adopting parents are fully protected.

Believing that a permanent substitute home is the child's right when his own parent or parents have been unable to provide one for him, adoption homes are sought for children. Greater numbers of children than ever before are being provided with these permanent homes. At one time adoption was considered only for the child who was considered to be normal in all respects. The physically handicapped child, the slower child, the child with mixed racial background, the child where little or nothing was known of background, continued to be cared for in a foster home. With the many applications there are today from prospective adopting parents, with the increased resources in the community for helping parents with the special needs of children, and because these efforts are being made to secure permanent homes for every child who can use one, growing numbers of children are being found permanent families.

Not all children who need permanent homes can be placed for adoption because not all children are fully acceptable to all adoption applicants. Most couples interested in adopting children want young infants and many have firm ideas as to the racial origin and family background which they desire in a child. There is a shortage of suitable homes for children of mixed background and for children of school age. Agencies are constantly on the watch for families who can easily and warmly accept a hard-to-place child and the division has organized a Central Registry. The purpose of the Registry is to make available all probable homes for children for whom placement is difficult.

Most of the children placed for adoption are children of unmarried girls. These girls have chosen adoption in the interests of the child itself and usually do this within a few days or weeks of the child's birth. This surrender by an unmarried girl of her child is not an easy decision and may be extremely painful. Confidence that her baby will be loved and well cared for assists and reassures a girl in coming to a decision. It is one measure of the soundness of our adoption program in Manitoba that girls voluntarily surrender their babies for placement and that no persuasion is placed upon them in doing so.

Not all children placed for adoption come to the division or agencies by way of the voluntary surrender by the parent. There are other children, victims of family breakdown and parental deterioration, who come into care through legal

action and judicial decision. Such children, who have already experienced the breakdown of one home, or who cannot understand their removal from their own parents, need new parents. Although they need new parents they cannot readily accept them and cannot be transplanted from one home to another by the simple process of removal and re-placement. Since few of the children are infants, with many in the school-age group, adoption homes are not readily available. Just as growing children cannot break with, forget or leave the past behind, neither can adult couples readily accept as their own the growing children of others. Adoption placement of such children is painstakingly slow requiring patience and skill on the part of the social worker and exceptional forbearance, warmth and understanding on the part of the adoptive parents. The Central Registry is of special value in finding homes for as many as possible of this group of disadvantaged children.

There is a second group of families and children to whom adoption services are given. This service does not lie in placing children with applicants but in giving legal protection to an adoption which has in fact already occurred. These cases are generally those of a stepfather wishing to adopt the child of his wife in the name of himself and his wife or of grandparents or other relatives wishing to adopt a child related to them by blood or marriage.

During the past years there had accumulated in the division a large number of adoptions where the issuing of the adoption decree was delayed because of the need for legal checking in the Legal Branch. An extra staff member was added and a concentrated effort was made to clear up the backlog of this work. We are pleased to note that during the present calendar year this backlog was substantially reduced and that more adoption decrees were obtained than in any previous year in the history of the division.

Adoption decrees completed 1950 - 1958 inclusive, for the Province of Manitoba:

1950	320	1955	395
1951	389	1956	494
1952	371	1957	428
1953	436	1958	712
1954	433		

The total number of children placed for adoption in selected homes total 312 throughout Manitoba and represent 152 wards and 160 voluntarily surrendered children.

General Services

Transients: Protection services to children include each year a special group of teenagers. They are boys and girls from other provinces who have left home and have found themselves stranded here or are picked up by the police for infractions of the law. While the children's aid societies or Juvenile Court have the direct contact with the children, the division undertakes responsibility for communications with the province of residence regarding possible repatriation and the expense of the return when necessary.

In 1958 there were 24 transient children returned to their homes in other provinces. Of these 18 were boys and six were girls.

Other Services: In 1958 there were some 250 new requests for service referred to and from other provinces and from European countries; the latter through the Canadian Welfare Council. These requests involve a wide range of inquiries, perhaps the largest single group relating to the unmarried mother program, but all involving care and protection of children in one form or another.

Chartered Children's Aid Societies: Child Welfare Services in Manitoba are largely undertaken by the five chartered children's aid societies, one of which is sectarian. These societies cover almost the entire area from the Ontario to Saskatchewan border south of the 53⁰ parallel, which is the heavily populated area of the province.

Each of the children's aid societies has its own board of directors, composed of representative citizens of the community who are interested in the welfare of children. These boards are responsible, through their social work and administrative staff, for the policies and standards of Child Welfare Services and the functioning of the society.

The Children's Aid Society of Winnipeg and the Children's Aid Society of Western Manitoba at Brandon, in 1958, each celebrated their sixtieth year of service to children. Both were incorporated in 1898 and have undertaken since that date to keep pace with the growth of population, with the increased tempo of living and stresses and strains of family life, in the provision of adequate care and protection to the children of their respective communities.

All four of the non-sectarian children's aid societies have found it necessary to seek increased and improved office accommodation. The Children's Aid Society of Winnipeg moved late in 1957 to more adequate offices after some forty years in their former location. The Children's Aid Society of Western Manitoba moved into their own building in August of this year. It was built especially for the society and will provide more adequate service for the people of Western Manitoba who need the society's help. The Children's Aid Societies of Central and Eastern Manitoba are both seeking enlarged and more convenient office accommodation. Both these latter societies have new executive directors this year and are looking forward to progressive and expanding programs.

The following table presents some facts and figures relating to the administration and programs of the children's aid societies. In some instances these figures are based on eleven months' reports.

1958	CAS of Winnipeg	CAS of Central	CAS of Eastern	CAS of Western
Population served	375,624	103,000	85,000	98,000
Area covered	Greater Wpg. Less St. Bon.	100,000 sq.mi.	48,000 sq.mi.	100,000 sq.mi.
Social Work Staff	39	9	7 1/2	9 1/2
Budget estimate for 1958.	\$767,857.	\$122,030.	\$160,807.	\$155,592.
Administration costs	294,284.	64,950.	49,789.	74,832.
Child care costs	453,658.	51,480	103,718.	67,500.
Special services	19,915	5,600.	7,300.	13,260.

Protection Services	CAS of Winnipeg	CAS of Central	CAS of Eastern	CAS of Western
At January 1st, 1958:				
Families	200	127	121	208
Children	623	447	460	694
New referrals:				
Families	394	55	59	221
Children	954	154	184	580
Wards in care Jan.1/58:	811	143	248	183
Agency's wards	744	125	205	88
Other agencies' wards	67	18	43	95
Wards in care Dec. 31/58:	843	150	232	162
Agency's wards	770	122	182	90
Other agencies' wards	73	28	50	72
Non-Wards at Jan. 1/58:	33	18	11	12
Admitted in 1958	204	25	24	81
Total at Dec. 31/58	52	15	14	25
Adoption Placements 1958:				
Wards	67	7	6	22
Others	-	29	-	20
Ages, at time of placement:				
Two years and under	52	36	3	41
Two to five years	7	-	2	1
Six to ten years	6	-	1	-
Over ten years	2	-	-	-
Unmarried mothers Jan. 1/58 ..	422	63	47	137
Referred in 1958	462	52	31	65
Total Dec. 31/58	274	60	54	121
Agreements and Orders obtained	34	10	7	10
Monies collected on				
above	\$17,434.43	\$1,513.00	\$1,794.00	\$2,460.00
(10 mos.)				
Monies disbursed on above ..	\$16,330.99	993.00	1,402.00	2,972.00
(10 mos.)				

Northern District Office
Supervisor - A. C. MacKenzie

The Northern District Offices service all Manitoba north of township 53 and include Flin Flon, The Pas, Churchill and settlements on the Hudson Bay Rail-way. The population is 48,000.

The staff comprises a supervisor at Flin Flon and two social welfare work-ers, one stationed at the sub-office at The Pas. There is an office staff of three full-time clerks and one part-time clerk.

All the regular programs of the Public Welfare Division are carried and this includes child welfare services such as child protection, child care and adop-tions. Because of the widely extended territory and the remoteness of some set-tlements communications and travel are difficult. Much of the travel is done by airplane and services must often wait upon proper weather conditions. Mining developments in the northern areas are resulting in an increased population and creating additional calls for service upon the office.

While mining and the auxiliary services related to this are the major income sources in this area there are many who make their living from trapping, fishing and lumbering. Because of the character of these industries seasonal employment is a factor in many communities and requests for emergency financial assistance are frequent.

The office has a continuing load of some 580 cases and an intake of new requests which may reach as high as 40 in any one of the winter months. The total caseload at January 1st, 1958 was 449 and at December 31st, 1958, 591: Of these some 290 cases were persons or families in need of financial assistance: Of the remainder 40 were children under guardianship in foster homes; while 16 were cases of children in adoption probation homes. In September one social worker at The Pas was granted leave of absence for one year to take further training in Social Work and will return to his post in July of 1959.

Swan River District Office
Supervisor - E. J. Sarna

The Swan River District Office serves the Swan Valley District along with the area north to the 53rd parallel. The approximate area is 1,680 square miles within which lie two municipalities, three villages, one town, two local government districts and a large section of unorganized territory. The population within this district office is approximately 16,000.

Staff consists of three persons - a supervisor, one social worker and a clerk-stenographer. The supervisor in addition to administrative and supervisory responsibilities carries a full caseload.

During the year there were two staff changes. One social worker returned to University for post-graduate studies in July and was replaced by a student social worker, on September 1st.

The year 1958 has seen a noticeable increase of caseload for this district office. On December 31st, 1957 the caseload was 217. The caseload as of December 31st, 1958, is 310 cases, an increase of 93. During this period the total intake was 249 cases which includes new cases, re-opened, transferred in, and re-classified. The monthly average intake has been approximately 21 cases. The outgo during the same period of time has been 157 cases with a monthly average of 13 cases.

The Swan River District Office had in April of 1958 undertaken an active service to juveniles who had become delinquent and thus had been brought up to court. From April 1958 to December 31st, 1958 a total of 39 cases had been given service. This has required representing the child in court in all instances, along with recommendations to the magistrate regarding disposition. In many instances it has required home visits to determine the problem and also the compiling of reports for the court. It has been necessary to work with approximately 10 young offenders on a probation basis.

The number of wards of the director has increased during the year 1958 to 31. This is an increase of two over last year. The following is a statistical breakdown as of December 1st, 1958:

<u>Children:</u>	in Foster homes	18	in free homes	2
	in other agencies	1	self-maintained	1
	on adoption probation	3	in own home	6

During the year two children under wardship were adopted and two returned to their own homes with guardianship returned to the parents.

There also has been an increased request in the Unmarried Mothers and Family programs. In the former eight requests were received and in the latter nine, with some service being given.

We are pleased to report progress in our adoption program with five adoption placements and ten absolute decrees obtained.

Our District Office has received and given service to other agencies or provinces, with eleven request cases being opened. There have been a further 25 unclassified cases opened and service given.

There has been an increase of requests for financial assistance. The Social Assistance cases have increased from 74 on December 31st, 1957 to 97 at present. Our Mothers' Allowance cases have increased from 38 to 42. The Social Assistance intake as shown earlier was 95. The Mothers' Allowance intake was twelve.

In addition to our caseload our office has had numerous requests from the Old Age Assistance Branch for Investigators' Reports. We have also had requests from the Town of Swan River and local municipalities regarding difficult cases, matters of common concern, and consultation on general welfare policies. This made for better relationships with the municipal corporations and has been beneficial in helping certain families in our Family Welfare program.

Dauphin District Office
District Supervisor - Earl Everett

The Dauphin Office of the Public Welfare Division serves the west-central section of the province and includes an area bounded on the south by the Rural Municipalities of Shellmouth and Boulton, the Riding Mountain National Park, the Rural Municipality of McCreary and eastward through the Local Government District of Alonsa to Lake Manitoba, continuing north to Lake Winnipegosis and bounded on the north by the Local Government District of Mountain and the Duck Mountain Forest Reserve. Our western limit is the Saskatchewan boundary. This district covers approximately 5,400 square miles and includes 15 municipalities in organized territory and three local government districts in unorganized territory. The population is about 5,500.

The office is staffed by 13 people in all, six clerical members, six social workers and one supervisor. In February, 1958 we took on additional clerical work in the form of accounting services under our Mothers' Allowance program. This office also does the Mothers' Allowance and Social Assistance accounting for our Swan River District Office.

The services given by this office are mainly in the field of financial assistance programs and child and family welfare work, but in actual fact includes service to requests from all sections of the district dealing with every conceivable aspect of human welfare. Where it is not possible to give service because of program limitations, referral is made to the appropriate source of help or information. Co-operation and service is also given to our district offices and social agencies in the province, and from other provinces as well. Our total caseload numbered 659 on December 31st, 1957 and 606 on December 31st, 1958.

Financial Assistance Services: Our largest caseload is Social Assistance, and this covers aid to a variety of people in need - families, the aged and infirm and transients. Open cases on December 31st, 1957 numbered 219 whereas the number on hand as of December 31st, 1958 number 226. The number of cases here fluctuates during the course of a year, being smaller in the summer months when employment conditions are better, and larger in the winter months because of a lack of employment or means of livelihood and the necessity of paying unemployment relief.

The Mothers' Allowance caseload shows little variation over the course of a year. Our caseload as of December 31st, 1957 numbered 139 whereas present number as of December 31st, 1958 is 126.

Child and Family Welfare: Child and Family Welfare services are given throughout our district and this continues to be a large and important part of our work. It is large because there is no children's aid society in this part of the province and important in that it calls for professionally trained people of highest calibre.

We deemed it necessary to take 27 children into our care during the year. These children became wards of the director of Public Welfare and our total number as of December 31st, 1958 was 80. We have a total of 48 licensed foster homes in use with another 22 foster homes applications on hand. We were able to place 11 children in adoption homes during the year and obtained and issued 22 Decrees of Absolute Adoption as the result of previous adoption placements.

A total of 24 children are in approved adoption homes under supervision and we have a total of 15 approved adoption homes awaiting children. Eleven new adoption applications were received during the year. We are continuing to give helpful guidance to unmarried mothers and have a total of eight active cases on hand as at December 31st, 1958.

Family Welfare cases coming to our attention for assistance continue at a fairly even rate with a total of 22 cases on hand as of December 31st, 1958. Cases on hand at December 31st, 1957 numbered 26. This type of case can be very complex and time consuming.

Juvenile delinquent cases are not a large number in our caseload. Present cases number two. The services of this office are infrequently requested by the Dauphin Juvenile Court. A record of all juvenile cases from the Dauphin Judicial District, together with fines and court costs, are compiled in this office and forwarded to the Inspector of Legal Offices and the Provincial Treasurer.

Portage La Prairie District Office
Supervisor - W.A. Sutherland

This district could be described as being Central Southern Manitoba. The approximate population of the area is about 106,000 people and covers about 10,000 square miles. In the district there are 250 towns, villages and municipalities, as well as the southern portion of the Local Government District of Alonsa.

This district is characterized by extreme differences in racial background, and in the economy of the various communities. The middle of the district is generally a stable farming community of quite a prosperous nature, as compared to the northern portion where income is limited and livelihood is on an existence basis. In the southern portion of the district farming is again the main economy. The main culture groups in this area are Mennonite and French Canadian.

The total caseload of the office has remained fairly stable, being 248 of all kinds in January 1958 and a total of 241 at the present time. It is composed of:

Wards	12	Unemployment relief	4
Foster homes	2	Indirect social assistance .	23
Family welfare	2	Mothers' allowance	141
Financial assistance	38	Requests	6
Aged and infirm	7	Unclassified	6

Our staff of three field workers have averaged a total of up to 3,500 miles per month. A large amount of overtime is involved in this factor alone. It is a credit to them that in spite of long hours, travelling difficulties and other factors, our time off from work due to illness remains low.

Our Ward load remains small; however, it should be noted that our worker for the northern district was successful in bringing two long standing rather drastic family situations to a conclusion. The children are now in foster care and are making excellent adjustments in their new and healthier environments.

Changes in present programs, administrative procedure and the introduction of new programs threw an extra burden on our office during the past year. These included bringing all eligible clients within the Manitoba Hospital Service Plan; the adjustment of all allowances under an increased schedule for Mothers' Allowance; Social Assistance; and, the transference to our office of social assistance accounting procedures.

With a large farm group in our area the administrative work is heavy. Many hours must be spent in preparing reports and financial assessments in order to determine the eligibility of families for allowances. This must be done in order to understand how able the family is to help themselves. An attempt is made in this manner to equate families with farm income with families who have no source of maintenance or supply other than the allowance granted.

Many varied services have been provided to the district in the past year, such as helping a pensioner locate a brother whom he had not heard from in ten years; helping a deserted mother establish her eligibility for Mothers' Allowances. At present we are dealing with six formal requests from other agencies and other provinces.

We also receive many requests for information from citizens, municipalities, etcetera, about provincial programs and inter-provincial matters on which, in many instances, an actual case is not opened. These of course do not show up in statistics; such however, average from 10 to 25 each month.

This has been a busy year in many ways. It must be stated that without the excellent work and the devotion to duty on the part of our staff our office would not have been able to maintain stability. In spite of the many program changes our standard of service has been maintained.

Brandon District Office
Supervisor - (Miss) N. Ross

This district is comprised of 36 municipalities plus unorganized territory, and is bounded on the west by the Saskatchewan boundary, on the south by the International Boundary, on the north by Russell and Silver Creek Municipalities and the Riding Mountain National Park and on the east by a line running south from the Park to the International Boundary, amounting to approximately 10,000

square miles and with a population, according to the 1956 census, of 109,224 of which 1,500 were Indians.

The staff consists of one social worker with one clerical assistant. This year marked the retirement at the end of October of the clerical assistant, Mrs. Edith Crosbie, after 29 years of faithful service in this office.

The main service given by this office is to applicants for Mothers' Allowances and Social Assistance. The service involves investigation and supervision, counselling and giving financial assistance where required within the regulations. New Mothers' Allowance and Social Assistance budgets were inaugurated which meant much extra work resulting in a much less close contact with families than usual and this in turn reduced the mileage involved to 7,500 from 10,050 in 1957.

In 1958 thirty-two new enquiries and applications were dealt with in Mothers' Allowance, besides many minor enquiries for which no case was opened; thirty-five were closed so that the end of the year shows 94 in actual pay and 17 pending or requiring further follow-up work.

In Social Assistance 43 were opened and 42 closed. These included one immigrant case and 11 aged and infirm cases. The aged and infirm must be comfortably housed and given nursing care, medical and dental care and glasses; accounts for which must be authorized and paid.

Twelve miscellaneous cases were opened and 11 closed, leaving three on hand at the end of the year. These cases are unclassified, discharge of liens, etcetera. Registration under The Manitoba Hospital Services Plan meant a great deal of detail work in keeping records, reporting registrations and changes therein.

There, of course, must be close co-operation maintained between other organizations such as municipalities, provinces and children's aid societies with this department and cases must be referred to those having the jurisdiction over them, or accepted from them. Requests are received from the Old Age and Blind Persons' Allowances' Board for investigations of applications and during the year 16 were opened and 18 closed, which with five pending at the new year left three on hand. Three miscellaneous requests were received and given attention.

In addition, requests are received from and referred to other provinces involving verification of residence and granting of assistance, financially and otherwise, through municipalities, which all proved time consuming.

Winnipeg District Office
Supervisor - (Mrs.) D.L. Patterson

The past year has been a fairly uneventful one as far as the Interlake area is concerned. There have been no major floods or droughts but under the present methods of land operation, the area is not able to support adequately its present population. The trend to move away from the area is not as apparent as it was two years ago. Land values have continued to be depressed with practically no market for the poorer quarter-sections. Those farmers who have gone in extensively for cattle raising seem to have been able to make a living, but the farmer operating a small mixed farm has had a very difficult time. There seems to be an increasing number of families who are able to manage to make a living during the summer months, but have nothing to live on during the winter and who re-apply for assistance each year. There is a lack of winter employment and also a lack of a sound economic basis for the area.

The average number of families and individuals in receipt of service during the year was around 850, with an average of 24 new requests for service each month.

The number of families enrolled on Mothers' Allowances has increased by approximately 10 percent. The increased rates which came into effect last June has meant that these families now have an adequate budget which has decreased the need for special grants with a corresponding decrease in the administrative time required to deal with those requests.

The heaviest increase has been in the social assistance program, particularly in the Local Government District of Grahamdale. This increase is difficult to assess except in terms of extra cost, but there would be approximately 15 percent increase for October 1958 as compared with October 1957. The increased budget which came into effect November 1st is a considerable improvement, particularly for the single persons and couples who have no other resources.

We gave service to 51 unmarried mothers during the year, 17 of whom were new referrals or requests for service.

There has been a slight increase in the number of wards during the year and we now have 109 in care as compared with 101 on January 1st, 1958. That the net increase is not greater is due to the more active policy over the past few years of adoption placement for younger wards. We were able to place six of our wards in our adoption homes during the past year and also placed five other children for adoption in our district. Adoptions were finalized for five wards and nine non-wards. This leaves us 44 adoption applications awaiting study and seven applications studied and approved, but awaiting placement. This is a total of 51 unfilled adoption applications as compared with 40 at the beginning of the year. In addition to these applications, there are 31 adoptions awaiting processing where the child has been privately placed, usually the mother's own child or a relative.

Eastern District Office
Supervisor - J.S.R. Bains

This office is served by a supervisor, eight social workers and a clerical staff of five.

The Eastern District Office serves a large geographical area to the east of Winnipeg, stretching from the Manitoba-United States border in the south to Norway House at the extremity of Lake Winnipeg in the north. The population of the area is approximately 85,000 persons. In terms of local government organization there are 15 municipalities, six towns, six villages, and five local government districts. Means of livelihood vary according to different features of the environment, which include fertile farming land, sandy soil and forest, lakes and rock country.

Services provided by the office may be divided into two broad categories:- those of Financial Assistance (Mothers' Allowance and Social Assistance) and Child Welfare (wards, foster homes, adoption homes, unmarried mothers, family welfare cases). During the past year the caseload has risen about 10 percent, that is from 1,077 to 1,178 cases. Although there was an increase in the number of Financial Assistance cases, the greater part of the increase was in the Child Welfare category, particularly in wards, adoption homes and family welfare cases. The reasons for this may be briefly examined, following a few words about the area served.

The economy of south-eastern Manitoba, which is primarily one of bush-cutting and only partially one of small farming, was affected by the curtailment of permits for bush-cutting in the area. This resulted in increased unemployment and a rise in cases of Social Assistance. Farther north, along the shores of Lake Winnipeg, economic difficulties were encountered where various settlements are dependent upon fishing for a living. During the past year it was necessary to issue Social Assistance in more cases to those settlement where returns from fishing were poor.

The increase in wards and in cases involving family welfare was mainly from the Town of Selkirk and surrounding district. The largest part of the increase involved children and families of Metis extraction. The cause seemed to be due to the problems facing the Metis culture as the move is made from rural to urban living with increased competition and tensions of family life. Concerning cases of adoption, the increase was not confined to any particular area. The cause seemed to be the result of more familiarity with our adoption program and and increasing desire on the part of the community to adopt children, with a broader acceptance of children's backgrounds, differences and problems.

Winnipeg Mothers' Allowance and Special Assistance Branch
Supervisor - (Miss) E. Thompson

This branch office carries the direct administration of the Mothers' Allowance program for the Greater Winnipeg area and the direct or indirect administration of certain special social assistance programs.

In the Mothers' Allowance section, four social workers, four clerical assistants function together under a branch supervisor in the granting of allowance and the provision of casework service to families who qualify under this financial program.

Altogether during the calendar year of 1958, 124 new families were enrolled on allowance which gives a current monthly caseload for the section of 429 families or 1,516 persons in receipt of allowance. This is an increase of 74 families over the total number of recipients recorded at December 31st, 1957. Of the 124 families, enrolled in 1958, 69 were eligible by reason of death of the breadwinner, 47 by reason of disability of the breadwinner and eight by reason of desertion. In the month of December 1958 the cost for granting of allowance for the basic budget needs of these families amounted to \$55,526.00. Like most financial programs, the winter months were the "busiest" months. Of the 124 families, 91 were enrolled during the seven cold weather months - January to April and October to December. Eight families were enrolled in October and November with disability resulting from the poliomyelitis epidemic this year.

Each social worker is responsible for an area of the total Greater Winnipeg district which comprises the Cities of Winnipeg, St. James, St. Boniface and East Kildonan and ten adjoining towns and municipalities. With caseloads of approximately 105 families, our workers are busy persons. A worker will handle from five to ten applications in a month as well as being responsible for service to families on continuing allowance. A worker interviews, visits, assesses a family's eligibility for allowance, determines the basic budget allowance for the family, initiates any adjustment to be made in the budget each month and will initiate the use of special grants as provided in our program to meet additional needs which arise in any family from time to time. The worker also attempts to assess

and to meet the broader needs of the family unit, for a major goal of our program is to extend financial help in such a way and together with casework help and the use of community resources as indicated, to help the family to restore, retain and sustain its highest degree of self-dependence, self-respect and happiness.

The need for casework service is established in our program. These families, who are eligible for allowance by reason of the total and permanent inability of the normal breadwinner to provide maintenance are, by reason of their circumstances, under more stress and strain than most families in the community. Usually an application is made immediately following a severe shock to the family from death or disability. These families frequently look to their worker for understanding and skilled help in finding their way out of the confusion, sorrow and despair of the present toward a future for themselves. At Intake, a worker will find herself helping a mother to consider what plans she can make and what alternatives are available to her, whether it be toward helping her to establish her eligibility for allowance or whether it be toward determining ways in which she could plan for herself and the children independently. Some mothers will come on allowance after the death of their husband and subsequently will become financially independent again, following a period of reassembling of resources, sometimes with assistance with retraining or other necessities. Other families will require allowance over a period of years. Where a father has become disabled, there is anxiety of what the disability means, how long will it last, if he will lose his job, or how can he provide for his family while he is in the sanatorium; and, where the father is out of the home, the mother is required to assume the responsibility which Nature intended should be shared by two parents. While many mothers meet this extremely well, and may, only at times of crisis, use the help of their worker in making family decisions, handling problems of the children, or just coping with everyday demands; others may need help more continuously. Our staff works in close co-ordination with the medical team in assessing disability, with agencies in developing plans for rehabilitation or re-training such as the Society for Crippled Children and Adults, the Department of Veterans' Affairs, the Sanatorium Board and the National Employment Service, together with any other community resources as the city and municipal welfare departments, hospital clinics, the children's aid societies and the Family Bureau.

We believe that the provision of family casework service with the granting of financial assistance contributes substantially to the high degree of stability we see in mothers' allowance families and, while we recognize that, under the pressure of work with large caseloads and gaps in resources, we too frequently fall short of this broader goal in providing service, we are continuously striving to strengthen this aspect of our program. We see mothers' allowance as a family-strengthening program.

In the special assistance section, social assistance is provided directly to needy aged and infirm persons who have legal residence in unorganized territory of the province-at-large and indirectly, through municipalities throughout the province, to families or transient single persons needing help by reason of unemployment and who have not municipal residence within the province. This work is carried out by a senior clerk and a clerk-stenographer under the same branch supervisor.

At December 31st, 1958 we were granting assistance to 99 aged and infirm persons, an increase of approximately 10 over that time last year. These are

almost entirely elderly persons requiring care in nursing homes. The senior clerk receives applications, interviews the applicant and relatives in establishing eligibility and assists relatives in locating appropriate or available nursing home accommodation. Unfortunately our service is not yet developed to provide any continuing personal service to these persons. The monthly cost in providing this assistance is approximately \$8,400. Social assistance is provided indirectly through municipalities each month to from 500 to 600 family units and to from 100 to 300 single transient persons. The average monthly cost of this program is \$40,000. With indirect social assistance cases, the staff in this section receive the applications from municipalities; verify residence; determine responsibility; receive and pass accounts for payment with completion of claims under the dominion-provincial agreement; and billings for collection, or payment, in agreement with other provinces.

Broadway Home for Girls
Supervisor - (Mrs.) E. B. Harrison

The statistics for the rehabilitation program for mentally defective women carried out at Broadway Home have been influenced by the fact that the social worker in charge was loaned out to another department for a period of six months. This meant that new admittances which are normally done in the spring of the year could not be carried out until November. Also the sudden death of our housemother, Mrs. Clara McCutcheon, who was rendering excellent service, left us without a permanent housemother also until the middle of November. Girls whose jobs terminated during this period were unemployed until a complete staff was restored. This shows chiefly in total earnings, total days of employment and refunds towards maintenance.

The Broadway Home is operated under a joint Health and Welfare Committee of which the members are:- Chairman, K.O. Mackenzie, Deputy Minister of Public Welfare; Dr. T.A. Pincock, Provincial Psychiatrist; Dr. H. Atkinson, Medical Superintendent of Manitoba School for Mentally Defective Persons; Mrs. E.B. Harrison, Social Work Supervisor of the Broadway Home; and S. McArton, Assistant Director of Public Welfare.

As this program has increased gradually both in size and in scope it became evident to the committee that one housemother plus a part-time relief housemother was not enough to carry the program. Therefore, it was decided to employ housemothers on an eight-hour shift basis. This has been done as from November 1958 and is beginning to show beneficial results. It is too early yet to estimate fully the advantages of this change: We hope to see these in 1959.

At the present time we are giving care to a total of twenty-five girls, fourteen of these living in residence in Broadway Home, ten are under supervision living outside the home, one comes to us on an outpatient basis. Of the ten living outside of Broadway Home, two have gone beyond their working years, one is living in a home for old people paying part of her board from her own savings; another one is living with a relative, supplying all her own comforts out of her savings.

Recently there has been a tendency for the Broadway Home girls to move out more into the community even before they are discharged. Because of interested groups of citizens who have come in to the Home to entertain the girls, friendly relations have been established between these people and our girls which has meant in turn movement of the girls out towards the community. Some of our girls who have been a number of years in one employment position have begun to establish themselves in small groups around their employment. This also has meant that a much larger section of the community is becoming aware of the program of Broadway Home. This, in turn, has provided us with a new group of people anxious to become employers which of course is one of the essential factors in our rehabilitation scheme.

As the core of rehabilitation is movement, it is interesting to note our statistics from October 1945, when the home was opened to December, 1958. We have admitted sixty girls from the Manitoba School in Portage la Prairie. During that period we have discharged twenty-four back to the community as self-supporting citizens. Fourteen have been returned to the parent body as unsuitable material for rehabilitation. Of these twenty-four who have been discharged it is felt that whilst they have remained self-supporting they might have done better emotionally and economically if we had been able to supply some form of after care on an out-patient basis. Of the fourteen who were returned to the parent body, ten of these were returned before 1953. As a result of the increased help we are now getting from the Manitoba School in Portage la Prairie, both in the manner of training and selection of girls, our returnees to that body are decreasing. Two of the four girls returned since 1953 were returned on medical grounds alone.

Having in mind the present emphasis on rehabilitation the Advisory Committee of Broadway Home is at present considering the possibility of expanding this scheme to include direct placement of boys in employment situations. Some survey has been done in this field and a number of employers have been found who would be willing to co-operate in employment of suitable boys.

In this respect we have noted that the per diem cost for girls in Broadway Home is \$1.80 which compares favorably to keeping these boys and girls in an institution where they are unable to contribute to the economy of the community.

In carrying out our work during the past year we have been greatly assisted by interested groups from the community without whose help we could not have achieved our present level of functioning. First of all: our employers; We have been remarkably fortunate in obtaining an excellent group of employers who have shown interest, sympathy and understanding in our efforts to help these girls. The women of the Fort Garry United Church, Circle 7, have faithfully given parties to the girls and taken them into their homes. The Association for Retarded Children and Adults in Greater Winnipeg have contributed steadily throughout the year by providing parties, excursions and presents. The Y.W.C.A. has accepted our girls into their recreation groups wherever possible and the holiday camp at Lac du Bonnet assisted us in having a very successful summer camp. We would like to thank all these people and all others who have helped Broadway Home in the past year.

Broadway Home Comparative Statistics

	<u>1957</u>	<u>1958</u>
Number of girls in care as at January 1st	21 plus 1 Out Patient	23 plus 1 Out Patient
Number of girls in care as at December 31st . . .	19 plus 1 Out Patient	24 plus 1 Out Patient
Number of girls admitted during the year	2	6
Number of girls discharged during the year	3	1
Number of girls in residence December 31st . . .	-	14 plus 1 Out Patient
Number of girls living out (under supervision December 31)	-	10 plus 1 Out Patient
Total number of days care	7557	7574
Days care (Living In)	4659	3679
Days care (Living Out)	2898	3895
Estimated total earnings - Less board and room	\$8000.	\$7066.
Refund by girls towards maintenance	\$1959.	\$1488.
Total number of days employment	6351	5739
Per diem (Maintenance refunds deducted from costs)	-	\$1.80

Conclusion: There are many persons, organizations and agencies, as well as other departments of governments with whom we work closely in the common purposes of our programs. To a large degree our success is dependent upon the help we receive from others and upon the intelligent understanding and support of the general public. We extend our appreciation to these persons, organizations, and to all members of staff who have laboured with conscientious diligence on behalf of the division and the people it serves.

Winnipeg Child Placement Branch
Supervisor - R. C. Raven

This branch operates in the area of the Cities of Winnipeg, East Kildonan, St. Boniface and St. James and ten suburban municipalities. The population of this area is approximately 410,000.

The program administered by this branch are those of child care and adoptions, serving the needs of a particular group of children who are wards of the Director of Public Welfare, and those children in this area who are surrendered voluntarily by parents or guardians for adoption placement on a non-ward basis. The branch also is responsible for the investigation of applications for adoption of children where one adopting parent is the child's natural mother or other relative, or where the placement was privately arranged.

Believing that all children who must be cared for permanently apart from their own parents should be provided with a normal family experience, we endeavour to place each child who is legally free and emotionally ready in an adoptive home. Adoptive parents are carefully selected to meet the particular needs of the child whom they can accept as their own. Children who are not free for adoption, or who are awaiting adoption placement, are cared for in foster homes. Early placement, consistent with sound practices, is most desirable from the standpoint both of the child and adoptive parents. However, hasty placement is dangerous and may be injurious in that any placement which ignores health factors,

the true wishes of the mother and the full understanding of the adopting parents carries and invites hazards which are of serious consequence. The branch is proud of its placement record as outlined in the table "Ages of Children at Time of Placement" which indicates that the majority of children placed in adoption homes were under the age of two months, while one-fourth were one month of age or less.

Those wards, who are severely retarded mentally, or who have a serious physical disability or emotional disturbance and for whom no foster home has as yet been found to accept them, are being cared for in the appropriate institution.

It is satisfying to note an increasing number of prospective parents, who can accept a foster or adoptive child who may be of quite different racial origin from their own, or who may have a physical defect or limited intelligence. However, there is still difficulty in finding suitable foster or adoptive homes for a few children where a combination of problem factors exist.

The unemployment problems of the past year have increased the difficulties of some of our adolescent wards who are seeking to become self-supporting. A number of them have returned to school for further academic or trades' training to prepare themselves to compete more successfully for employment. Three of our wards have won scholarships for tuition in University courses.

Wards

Wards of the Director:

1. Temporary guardianship	42
2. Permanent guardianship	<u>162</u>
	<u>204</u>

All Wards:

A. Non-Pay Care

1. In adoption homes	33
2. Self-supporting	15
3. Government institution	3
4. Correctional institutions	<u>1</u>
	52

B. Pay Care

1. In (permanent) foster homes	44
2. In treatment institution	14
3. In school or college residence	3
4. In boarding homes	3
5. In care of other agencies	<u>88</u>
	<u>152</u>
	<u>204</u>

Decrees Absolute of Adoption Obtained in 1958
for Child Placement Branch

Branch placements	33	Wards of the Director
	1	Ward of the C. A. S.
	<u>128</u>	Non Wards
	162	
Mothers' own children	102	
Relatives' children	10	
Children placed privately	<u>17</u>	
	<u>291</u>	

Child Placement Branch Statistics

	Foster Homes		Open Adoptions		Private and		Mothers' Own		Total
	Wards App.	In Use	App.	On Pro-bation	A.App.	A.Homes	A.App.	A.Homes	
As at Dec. 31/57....	218	41	29	471	80	21	101	64	1361
1958 Intake	57	22	14	239	131	30	87	72	884
Total	275	63	43	710	104	51	188	136	2245
1958 Outgo	71	43	13	189	44	26	111	104	977
Balance	204	20	30	521	60	25	77	32	1268
(as at Dec. 31/58)									

Note: 1. Of 60 applications for children placed privately 20 are for relatives' children.
2. The number of private adoptions awaiting decrees includes 10 applications for relatives' children.

	Religion		Age of Children at Time of Placement									
			Under 1 mo.		1-2 mos.	2-3 mos.	3-4 mos.	4-6 mos.	6-12 mos.	1-2 yrs.	2-3 yrs.	3-4 yrs.
	R.C.	Prot.	Heb.	Total	1 mo.	mos.	mos.	mos.	mos.	yrs.	yrs.	Others
Non-Wards	33	77	1	111	31	32	20	9	8	1	1	-
Wards	4	8	-	12	-	-	1	2	3	1	1	1
TOTALS	37	85	1	123	31	32	21	11	11	4	2	1

The branch also participated in the planning for adoption placement of an additional 36 non-wards by other district offices and children's aid societies.

Nine wards of the branch were placed for adoption by children's aid societies and by district offices. They are not included in the foregoing.

REHABILITATION SERVICES

Co-ordinator of Rehabilitation Services: WALTER N. BOYD, B.A., B.S.W.

In July 1955, our Provincial Rehabilitation Program commenced operation. The goal of this program is to provide to all the disabled of Manitoba the following services: medical rehabilitation, including any medical, surgical or psychiatric procedure necessary to eliminate or minimize static or apparent chronic disabling conditions; the provision of prosthetic appliances including training in their use; rehabilitation counselling, including vocational testing and assistance in developing and carrying out of individual rehabilitation plans, pre-vocational education; job placement; related psycho-social adjustment services and follow-up. This range of services can be expanded, varied and defined, but at its roots is the need to provide in an integrated manner a range of services sufficiently comprehensive to meet the diverse needs of the majority of our disabled.

What has been done in Manitoba towards the attainment of this objective? For a proper understanding of our accomplishments to date, it is important to note that prior to July 1955 there were many voluntary and government agencies providing one or more rehabilitation services to certain disability groups such as the tuberculous, the blind, the deaf and those disabled by poliomyelitis. Other disability groups could get little or no service and those who were fortunate to get some help had to seek it out with great difficulty by going to a variety of agencies. There was evidence of duplication of effort and economic waste. It is also important to note that the rehabilitation needs of each disabled person are different and because of this, the diversity of services required makes the job of rehabilitation far too big for any one agency or any one government alone to provide successfully. The combined effort of the entire community is required in order to provide a comprehensive service to all disabled regardless of the cause of their disability.

In July 1955, on the recommendation of our Rehabilitation Commission and its Medical Advisory Committee, we appointed the Society for Crippled Children and Adults of Manitoba as our central rehabilitation agency. This agency was charged with the responsibility of providing comprehensive assessment and follow-up services to all disabled persons. This agency does not by itself provide all the assessment and follow-up services required but calls on other community resources and integrates these with its own to ensure proper handling of the rehabilitation of each disabled person.

In order to carry out the above function, federal and provincial rehabilitation funds have been combined with voluntary funds raised by the society through Easter Seals and March of Dimes campaigns. Through this combination of funds we are able to provide a very wide range of services which would otherwise be impossible for either to handle alone. The total combined budget including government and voluntary funds amounts to approximately \$425,000. of which forty percent is provided by federal and provincial governments.

The rehabilitation of the tuberculous is still handled by the Sanatorium Board of Manitoba; the blind by the Canadian National Institute for the Blind; industrial accidents by the Workmen's Compensation Board of Manitoba; Indians, by the Department of Indian Affairs. These agencies have always had certain gaps in their services for the particular group with which they have been dealing.

They now work very closely with the Society for Crippled Children and Adults in the filling of these gaps: For example, they utilize the services of the society for purposes of psychological and vocational assessment, vocational guidance and so forth.

In cases where it is determined that the disabled person can benefit from vocational training to fit him for suitable employment, the required training can be made available through the federal-provincial vocational training agreement called: Schedule "R". Applications for training under Schedule "R" are accepted only from the five organized rehabilitation agencies. Through the provisions of Schedule "R" the costs of tuition, transportation, books, supplies, board and room can be met.

Each of the agencies works closely with the National Employment Service who do placement of the disabled in employment. The excellent co-operation received by these agencies from the National Employment Service has resulted in the placement of more disabled persons in this past year than ever before. This success can be attributed to two factors:-- First, the disabled person is now properly assessed from a functional standpoint to determine the type of employment for which he is suited; Second, the National Employment Service spends much more time in selling the abilities of the disabled to prospective employers.

Rehabilitation referrals are made to the five agencies mentioned above from various sources such as doctors, hospitals, health and welfare agencies, relatives, patients and the Provincial Co-ordinator's Office. The largest number of referrals are made to the Society for Crippled Children and Adults of Manitoba.

The Co-ordinator exercises a general supervisory function over the program of the Society for Crippled Children and Adults of Manitoba and works closely with all other agencies.

In co-operation with the Society for Crippled Children and Adults of Manitoba, rehabilitation assessment clinics are still operating in the Winnipeg General Hospital, St. Boniface Hospital, and the Municipal Hospitals. The purpose of these clinics is to bring together as a team, the required specialists and other rehabilitation personnel for purposes of evolving a sound rehabilitation plan for the disabled person. This team-work approach in difficult rehabilitation cases has proven invaluable in eliminating error and also as a teaching technique to those serving on these clinics. These clinics also are used as a teaching media for medical and nursing students.

The Provincial Co-ordinator is a member of the Disability Assessment Panel which screens all applicants for disability allowance. He is also a member of a Provincial Disability Assessment Panel which processes all cases of mothers' allowance and social assistance where disability is the determining factor of eligibility.

In carrying out the above functions, many cases are considered suitable for rehabilitation purposes and referred to the appropriate agencies.

Every case with which the Society for Crippled Children and Adults is working, is known to the central registry in the Co-ordinator's Office. Each case is checked periodically by the registrar to ensure that services are being provided and to determine where there are gaps in services. Attempts are being made to establish a similar checking system with the other four rehabilitation agencies.

By a combination of voluntary and government rehabilitation funds, the disabled, who have no resources to meet all or part of rehabilitation costs, can be

assisted through the five organized rehabilitation agencies with medical assessment and treatment, prosthetic appliances, out-patient physical, speech and occupational therapy, rehabilitation equipment such as wheelchairs, and so forth, x-ray and laboratory tests, transportation, board and room, vocational training, and special tools for employment.

Through the five agencies a total of 2,800 cases were given service during the year ranging from a single counselling session to comprehensive assessment, treatment, prosthetic appliances, vocational training and job placement.

1958:

Case load at January 1, 1958 - adults	1,200
Intake January 1, 1958 to December 31, 1958	500
Cases closed during 1958	515
Active case load at January 1, 1959	1,185

Cases Closed:

To competitive employment	240
To sheltered employment	35
To homebound employment	40
To self-care	90
Not rehabilitated	110

Analysis of the 240 cases placed into competitive full-time employment:

Total annual earnings	\$480,000.
Cost of services for the 240 cases only	96,000.
Estimated provincial and municipal welfare savings	60,000.
Estimated annual payment to income tax	30,000.

To arrive at the full economic benefits, one must also consider those persons who, because of rehabilitation services, are able to look after self-care activities permitting another person in the household to go out to work. It also should be noted that if the annual welfare savings were projected for a reasonable number of years the savings would be astronomical.

We feel certain that the program thus far developed in Manitoba is comparable and in many instances ahead of similar programs of other parts of Canada and the United States.

We have found that the disabled person with a good academic background and work experience can be readily placed into employment, or provided with vocational training to suit him for employment. During 1958, over fifty persons were trained under the vocational training agreement, Schedule "R", and placed into the type of employment for which they were trained.

Daily we encounter numerous cases where placement in competitive employment is extremely difficult and often impossible because of severe physical disability, coupled with low academic background and/or low intelligence.

In 1958 we witnessed the development of the industrial workshop under the Society for Crippled Children and Adults of Manitoba. This workshop is designed to provide vocational evaluation services under simulated working conditions, work conditioning, and sheltered employment. The primary goal of this workshop is to fit the disabled person for competitive employment. During the past year about fifty persons have been accepted by the workshop for assessment. As a result of the assessment some have been moved into vocational training and some

directly into competitive employment. The remainder fall into two groups:-

- (a) Those persons who, because of their disability, cannot effectively compete in the open labour market but are good producers under the direction of a sheltered workshop; and
- (b) Those persons who, because of their disability, physical or mental, cannot perform satisfactorily even under sheltered conditions.

In the case of group (a), efforts will be directed during 1959 to develop sheltered employment for them. The support of industry will be needed in this venture. In the case of group (b), a diversionary type of workshop needs to be developed for them, simply to provide a diversity of activities which will occupy their time and make their long hours easier to bear.

In November 1956, we established in the co-ordinator's office a central disabled persons' registry. The objectives of this registry are to determine the number of disabled in Manitoba requiring rehabilitation services; to determine the gaps in services; and to determine ways and means of filling these gaps through closer co-ordination of government and voluntary services and the development of new services. This registry is designed for disabled children and adults. Almost all the disabled children and adults known to the five rehabilitation agencies have been registered and a regular follow-up system has been worked out. At December 31, 1958, the registry contained 7,000 files - (4,500 children and 2,500 adults). Four thousand are considered inactive: Of the 3,000 active, 1,700 are children and 1,300 are adults.

Since July 1955 we have achieved considerable success in the development of a comprehensive, co-ordinated provincial rehabilitation program. This success can be attributed, I believe, to the close co-operation developed between government and voluntary effort.

During the past year we have seen an increase in the establishment of physical medicine facilities in our major hospitals. This we believe is a step in the right direction towards providing better medical care for our citizens.

With the introduction of the universal hospital insurance scheme in Manitoba in July 1958, the need for active treatment beds soon became acute. In the latter part of 1958, considerable study was made of the need for a rehabilitation hospital located in Winnipeg to serve Manitoba and an extended treatment hospital to provide high-grade nursing care for long term patients.

We hope to see the establishment of the above two facilities in 1959. We believe that with the establishment of the rehabilitation hospital a much better standard of medical care will be available for our citizens and a much more effective use of hospital beds will be made.

Approval has been given in principle to the establishment of a three year school of physical and occupational therapy in Manitoba. We hope to see a start made on the school in 1959. The presence of this school will ensure an adequate supply of therapists and will stimulate much greater interest in the benefits of physical medicine.

There are still many problems to be considered and many new services to be developed. At present the provincial rehabilitation program is concerned only with physically disabled children and adults. An organized rehabilitation program needs to be developed for the mentally defective and the mentally ill. We anticipate taking concrete steps in 1959, towards the inclusion of these two areas in the overall provincial rehabilitation program.

Appreciation is hereby recorded for the support extended to this program by the Ministers of Health and Public Welfare, Education, and Labour; to the members of the Inter-Departmental Committee, composed of the Deputy Ministers of Health, Welfare, Education, and Labour; to members of our Rehabilitation Commission and Medical Advisory Committee; and to all the community agencies that have participated actively in the operation of this vital program during the past year.

REPORT OF THE OLD AGE ASSISTANCE AND BLIND PERSONS' ALLOWANCES BOARD

With respect to the administration of The Old Age Assistance Act, The Blind Persons' Allowances Act, and The Disabled Persons' Allowances Act, for the calendar year 1958.

Chairman of the Board - L.D. McNEILL, B.A., LL.B.

The Old Age Assistance Act: The scheme for the payment of assistance to persons in the age group 65-69 went into effect as of January 1st, 1952, so that at the end of December, 1958, the plan had been in operation for a full seven years. The maximum amount of assistance was \$40.00 per month, and the total allowable annual income from all sources, including the assistance, was fixed at \$720.00 for a single person and \$1,200.00 for a married couple. By December 31st, 1953, there were 4,968 persons receiving assistance.

It is of interest to note that in the years 1953-1957 inclusive there was a consistent trend downwards in the number of persons receiving this type of assistance:

In December, 1953, there were 4,816 persons on the payroll;
In December, 1954, there were 4,833 persons on the payroll;
In December, 1955, the number had dropped to 4,689;
In December, 1956, there was a further drop to 4,598; and
In December, 1957, there was a further reduction to 4,440.

This trend continued, in spite of the fact that the number of persons in the age group 65-69 was increasing substantially each year. The 1951 Census Records show that there were 27,347 persons in these age groups. By 1956 the number had increased to 29,240.

The figures are of special interest because they appear to demonstrate, not only the desire to remain independent of any form of public assistance, but also that there have been opportunities for our citizens, in these age groups, to maintain themselves without the assistance of this program.

It will be recalled that, as of July 1st, 1957, the rate of assistance was increased from \$40.00 to \$46.00, and that there was a further increase to \$55.00 per month effective November 1st, 1957. The ceiling incomes, as of July 1st, 1957, went up to \$840.00 for single persons, and \$1,380.00 for a married couple. As of November 1st, 1957, these annual ceiling incomes were again increased to \$960.00 for single persons, and \$1,620.00 for a married couple.

It would appear that, as a result of these increases in the amount of assistance and ceiling incomes, the trend has been reversed. There has been a substantial increase in the number of applications.

The average number of applications received monthly in the first ten months of 1957 was 130. In the fourteen months from November 1st, 1957, to December 31st, 1958, the monthly average of applications received increased to 164.

Since those in receipt of assistance are exempt from payment of Manitoba Hospital Services Plan premiums, this has undoubtedly been a considerable factor in keeping up the flow of applications.

The following table sets out the number of applications received since the commencement of the scheme and the disposition of these:

Old Age Assistance:

Number of applications received from		
September, 1951, to December 31st, 1958,	16,327	
Payments of assistance for the month		
of December, 1958	4,805	
Payments of assistance suspended	469	
Applications rejected - 1,285		
Now approved - 138	1,147	
Applications withdrawn at own request	150	
Deceased	1,333	
Transferred to other Provinces	343	
Approval of provincial portion of assistance		
being charged to Manitoba where the		
recipients are residing in other provinces ...		155
Transferred to Old Age Security	7,378	
Applications still outstanding as at		
December 31st, 1958	547	
	<u>16,327</u>	<u>16,327</u>

The following statement sets out the number of applications received, and the number of deaths, month by month, in the period from January 1st, 1958, to December 31st, 1958:

1958	Number of Applications	Number of Deaths	1958	Number of Applications	Number of Deaths
January	144	15	August	144	15
February	153	11	September	158	28
March	170	16	October	157	17
April	189	11	November	149	23
May	171	20	December	<u>119</u>	<u>19</u>
June	199	11			
July	171	21	Total	<u>1924</u>	<u>207</u>

The Blind Persons' Allowances Act: The number of persons applying for the blind allowance, and the number who qualified because of defective vision and under the "means test" have remained fairly constant for the past seven years.

The number of persons in receipt of the blind allowance in the month of December, for the calendar years 1952 to 1958, are as follows:

1952, December 31st,	431
1953, December 31st,	414
1954, December 31st,	411
1955, December 31st,	400
1956, December 31st,	414
1957, December 31st,	390
1958, December 31st,	406

The amount of the monthly blind allowance is the same as for recipients of old age assistance and the disabled persons' allowance, but the annual ceiling incomes permitted are larger, being \$1,200.00 for a single person, \$1,680.00 for a blind widow or widower with a dependent child or children, \$1,980.00 for a married couple one of whom is blind, and \$2,100.00 for a married couple both being blind.

The Government of Manitoba has an agreement with the Federal Government which provides for treatment of all recipients of the blind allowance where treatment, or an operation, might restore vision. The board makes the arrangements for treatment, pays the medical and hospital costs, and the Federal Government reimburses the province to the extent of 75 percent of these costs. Since this plan has been in operation, fifteen persons have received treatment.

The following table sets out the number and disposition of the applications received from January 1st, 1952, up to December 31st, 1958:

Number of applications received from January 1st, 1952, to December 31st, 1958,	906
Cheques issued for the month of December, 1958	406
Applications rejected on the basis of applicants being ineligible with respect to degree of blindness and other grounds,	137
Applicants moved to another province or country	50
Allowances suspended for various reasons	71
Applications withdrawn at own request	11
Deceased	87
Applications awaiting certification of blindness or other information	28
Transferred to Old Age Security	116
	<u>906</u> <u>906</u>

The following statement sets out the number of applications received, and the number of deaths, month by month, in the period from January 1st, 1958, to December 31st, 1958:

1958	Number of Applications	Number of Deaths	1958	Number of Applications	Number of Deaths
January	9	2	July	8	2
February	6	6	August	4	11
March	3	8	September	5	4
April	4	4	October	5	6
May	4	6	November	9	4
June	9	4	December	4	7
			Total	<u>70</u>	<u>64</u>

The Disabled Persons' Allowances Act: The disability allowances program had been in operation for four years as at December 31st, 1958. The maximum amount of the allowance is \$55.00 per month, and the maximum annual incomes permitted are the same as under the Old Age Assistance Scheme, namely, \$960.00 for a single person, and \$1,620.00 for a married couple.

Under the Federal legislation the meaning of the expression "totally and

permanently disabled" is to be defined by regulation. As of July 1, 1957, a new definition was adopted which was intended to be less restrictive than the original definition which had been in force from January 1st, 1955. Between June 30th, 1957, and December 31st, 1957, the number of the payroll increased from 821 to 959. From January 1st, 1958, to December 31st, 1958, there was a further substantial increase in the numbers found eligible, bringing the total on the payroll for the month of December, 1958, to 1,183.

The following table sets out the number of applications received, and the disposition of these, from the commencement of this scheme up to December 31st, 1958:

Disability Allowances:

Number of applications received up to December 31st, 1958	3,464	
Applications rejected on medical grounds	1,614	
Applications rejected on other than		
medical grounds	304	
Applications now approved	118	186
Cheques issued in December, 1958	1,183	
Applications withdrawn at own request	45	
Transferred to other provinces	16	
Deceased	186	
Applications outstanding as at Dec. 31/58 .	175	
Re-applications	13	162
Suspended	72	
		<u>3,464</u> <u>3,464</u>

Supplementary Assistance to Pensioners under The Social Assistance Act:

By amendments to The Social Assistance Act, which came into force on April 1st, 1958, provision was made for "Supplementary Assistance" to recipients of old age security pension, old age assistance, blind allowance or disability allowance, the cost to be borne 80 percent by the province and 20 percent by the municipalities.

The regulations permitted persons wishing to apply for supplementary assistance to make their applications either to the municipality of residence, or to the Old Age Assistance and Blind Persons' Allowance Board. Provision also was made for a municipality receiving an application direct from a pensioner to make inquiries from the board regarding the applicant's financial standing.

Considering the number of persons within the groups who could have applied to the board for supplementary assistance, very little use was made of the above mentioned provisions. During the period, April 1st to December 31st, 1958, only thirty-nine applications were made direct to the board.

The Board's Responsibilities under "The Hospital Services Insurance Act.":

Under this Act, recipients of old age assistance, blind allowance and disability allowance, are exempt from payment of premiums. Recipients of the Old Age Security pension, for persons over 70 years of age, who can pass the "means test" set out in the Act, also are exempt from payment of premiums.

By regulation, the board was given the responsibility of operating the "means test" with respect to Old Age Security pensioners.

Since the Act was to become effective July 1st, 1958, the board commenced the registration of all persons then on the payrolls, in the month of May, 1958. The work included the sending of hospital registration certificates to all recipients. Also in May, 1958, a notice was sent to approximately 52,000 Old Age Security pensioners, to inform them that they could apply to the board for exemption from payment of premiums. About 30,000 requests for application forms were received.

By the end of September, over 14,000 Old Age Security pensioners had been approved for exemption. Up to the end of December, 1958, 21,530 applications for exemption had been received: Of these, 16,935 had been approved.

ELDERLY PERSONS' HOUSING

under "The Elderly Persons' Housing Act."

Director - L.D. McNEILL, B.A., LL.B.

The problem of providing suitable housing accommodation for elderly persons is of increasing concern to the public in many districts of the province. This has been evidenced by the large number of inquiries, and the considerable number of persons who have called, during the year, requesting information respecting assistance available from Provincial and Federal Government sources.

Widespread interest was also apparent in this and related problems in the very large attendance at the "First Manitoba Conference on Aging" held May 29th to 31st, 1958. Representatives were present from many parts of the province. One of the main reasons for this widespread interest is, of course, the increasing proportion of persons, over 65, in relation to the whole population:

- (a) In 1901, with a population of 255,000 those over 65 numbered 6,100, or approximately 2.4 percent;
- (b) In the next 10 years, the population had increased to 461,000, and those over 65 numbered 11,000, or approximately 2.4 percent;
- (c) By 1956, with a total population of 850,000, persons over 65 had increased to 76,567, or approximately 9.0 percent.

Thus, while the general population had less than doubled between 1911 and 1956, those over 65 had increased almost seven-fold.

The Elderly Persons' Housing Act came into force in March, 1956. It provided for assistance to both boarding home accommodation and separate housing units for couples and single persons.

In 1956 and 1957, the grants made were all in connection with boarding home care. During 1958, three projects providing self-contained dwelling units were opened. These were:

St. James Kiwanis Courts, Incorporated, in St. James, Manitoba, consisting of 88 units for couples;

Tabor Home for the Aged, at Morden, Manitoba, consisting of 8 units for couples;

Osborne Home, at Neepawa, Manitoba, consisting of 6 units for couples, and 2 units for single persons.

The grants in each case were \$1,000. per unit for a couple, and \$700. per unit for a single person.

The rent fixed for the Kiwanis Courts, Incorporated, is \$32.50 per month, which does not include heat and light. It is estimated that, with heat and light, the cost will be approximately \$40.00 per month per couple.

Both the Kiwanis Courts, Incorporated, and the Tabor Home, were financed through the Central Mortgage and Housing Corporation.

The following is a list of the projects which have received assistance since the commencement of the scheme.

	Number of Persons Provided for	Grant
Betel Old Folks Home, Gimli	65	\$77,412.66
Canadian National Institute for the Blind, Winnipeg	50	42,500.00
Deloraine Senior Citizens Home, Deloraine	15	6,000.00
Glenboro Senior Citizens Home, Glenboro, (still under construction, balance of grant to be paid in 1959, \$7,000)	20	1,000.00
Greenland Home for The Aged and Infirm, Ste. Anne.	13	10,976.69
Home for the Aged Society, Winkler	54	40,006.83
Jewish Old Folks Home of Western Canada, Winnipeg	30	25,500.00
Killarney Senior Citizens Home, Killarney	38	32,000.00
Les Petites Missionnaires of St. Joseph, Otter- burne, (balance of grant to be paid in 1959, \$7,735.00)	48	33,065.00
Osborne Home, Neepawa	14	7,400.00
St. James Kiwanis Courts, Incorporated, St. James, (balance of grant to be paid in 1959, \$25,520.00)	176	62,480.00
St. Joseph's Home for the Aged, Winnipeg	57	48,450.00
Tabor Senior Citizens Home, Morden	16	8,000.00
Ukrainian Home for the Aged, Winnipeg	168	67,200.00
TOTAL	764	\$461,991.18

